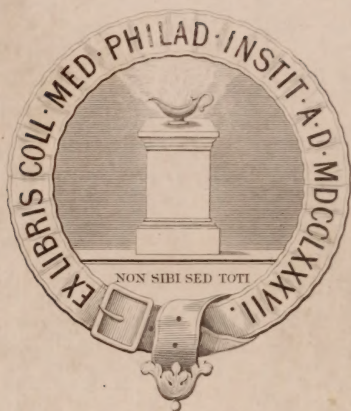




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THE

Cincinnati Lancet and Observer:

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VOLUME X, NEW SERIES: - - 1867. - - WHOLE VOLUME, XXVIII.

CINCINNATI:

PUBLISHED MONTHLY BY E. B. STEVENS, M. D.

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THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

JANUARY, 1867.

NO. 1.

Original Communications.

[ARTICLE I.]

A CASE OF EXTIRPATION OF THE UTERUS. By T. Wood, M. D., Surgeon to the Commercial Hospital of Cincinnati.

It has been a rule of my surgical practice, never to perform an operation where I could give no assurance, that if successful, the patient would be permanently benefited by it; and certainly no assurance of that kind could be given where a malignant disease involves the uterine body. But there are benign tumors occurring in this organ, that may not recur if once removed, and if it can be well established that a woman can survive, for an indefinite period, the extirpation of the uterus, and can enjoy health and the ordinary comforts of life; then the surgeon will be enabled to save a large number of patients from a suffering existence or a premature death, that have heretofore been abandoned to their fate.

The influence of the uterus over the female system is so extensive that the proposition to remove that organ by abdominal section, or otherwise, has heretofore seemed to me too monstrous to be entertained; and if we examine the history of the few extirpations of the uterine body, either through the vagina or *linea alba*, we find little encouragement to pursue a course that has been so nearly universally fatal.

Charles West, in his lectures on the diseases of women (p. 300,) says, that of the twenty-five recorded cases of extirpation of the entire uterus for scirrhus, twenty-two were fatal, and those cases

that were called successful, only survived a few months. We turn with horror from the contemplation of such a picture — so dark that it does not reflect a single ray of light! It is well that all the hope of success, once entertained by the profession in that direction, has been abandoned.

But the efforts of surgeons to save life by the removal of non-malignant tumors with the uterus, has met some success, and the more recent history of the operation gives an increased per cent. of cures, with some encouragement for us to continue to operate in the hope of greater success in the future.

According to a report made by Prof. H. R. Storer, of Boston, in July last, (see “*The Medical Record*, Vol. 1—p. 386) the operation had been performed through the abdomen thirty-one times, and with *seven*, or twenty-two per cent of successful cases. I am not aware of any operations, except the one I am about to report, having been performed since those reported by Prof. Storer. So with my case, we have thirty-two operations, with *eight* — or twenty-five per cent. cured.

The statistics, taken entire, are not very encouraging, but there have been accidents that might have been avoided, or may be avoided in the future, causing fatality in some of the cases, that we think should not be charged against the operation. An accident, a careless operator, or an incompetent nurse, may destroy a patient in any operation.

Opening the bladder—the rectum—the vagina—the escape of bowel with strangulation—slipping of the ligatures, followed by fatal hemorrhage—rupturing the illiac vein and artery—allowing a patient to fall, in transferring from one bed to another—general inefficiency in nursing—are accidents that have occurred in the history of this operation, and should be charged up against the operators and nurses, and not against the operation.

In the “*American Journal of Medical Sciences*” for January, '66, (p. 123) Prof. Storer gives a tabular statement of the causes of death in eighteen of the operations performed previous to that time. And in the *Medical Record*, (Vol. 1 p. 300) he gives the causes of failure in two of his own cases, treated after his January report. From his statement we learn, that two were lost from hemorrhage that was never arrested; three from the ligatures slipping from the vessels and allowing fatal secondary hemorrhage; one from bending of the ecraseur and a clamp breaking; one from the rupture of the illiac vein and artery, by

being drawn into the ecraseur; one from a portion of bowel becoming strangulated in the wound, and two from careless or incompetent nurses. Here then, we have a showing, that ten of the thirty-one cases, were lost by what we may call avoidable accidents. Deducting, then, those ten cases from the whole number, and we have twenty-one operations, and *seven*—or thirty-three per cent. cured.

With the above facts before me, I have laid aside my prejudice against the operation, and determined to give it a fair trial. The following case, reported by Dr. R. B. Potter, is my first effort, and the result has given me confidence to believe that it will become one of the legitimate operations, and like ovariectomy, a blessing to the afflicted

This operation was performed in the amphitheatre of the Commercial Hospital, in the presence of many medical friends and the large class of students who attend the clinics of the Institution.

My thanks are due to Profs. Mussey and Taylor, and to Drs. McKinsie, Neilson, Connor and others, who gave me their efficient aid; and I am particularly indebted to Dr. Potter, whose untiring devotion in the after-management of the case contributed largely to the favorable results.

Mary Wells, aged 28, widow. Admitted into the Commercial Hospital, Oct. 1st, 1866, presenting the following condition:

Abdomen enlarged to about the size of the sixth month of pregnancy; enlargement hard and smooth, and occupying the median position of the body; is only slightly movable; has a constant leucorrhœal discharge from vagina, and frequent attacks of pain of a lancinating character, with painful micturition and great difficulty in procuring a passage from the bowels. Her previous history may be stated as follows: Has always been a healthy woman; is stated to have aborted at seven months, seven years ago; three years ago she had a severe attack of rheumatism, and immediately upon the subsidence of acute symptoms of this disease, a small tumor made its appearance and has been steadily increasing in magnitude until it has attained its present size; the diagnosis being fibrous tumor of the uterus, its removal by abdominal section was resolved upon, and she was put upon tonics and a regulated diet.

On the 31st of October, she being in good general health, the operation was performed in the following manner: After being placed under the influence of chloroform, an incision was made

over the most prominent portion of the tumor, and directly in the median line of the body — extending from the umbilicus to within an inch of the pubis. This cut was rapidly deepened; the fascia, and finally the peritoneum, divided upon the director, when the glistening and smooth surface of the tumor was exposed it was entirely free from adhesions, and after some slight traction escaped through the opening; was pyriform in shape and attached in the median line by a comparatively slender pedicle. After tying an artery and a large vein which passed up at the posterior portion of the tumor, and applying ligatures to the ovarian arteries of each side, two double ligatures were then passed through the pedicle by means of needles, and firmly tied; the tumor was then removed by a few strokes of the scalpel; hemorrhage was very slight, not over $\frac{3}{4}$ ii, having been lost during the entire operation, there was no protrusion of the bowels they being easily retained in position by cloths wrung out of warm water. After the removal of the tumor, the pedicle was returned into the abdominal cavity, the ligatures being collected and brought out at the lower end of the cut. After careful sponging, the oozing of blood having entirely ceased, the lips of the wounds were brought together, and retained by means of silver pins and twisted suture.

The wound was then dressed with cloths wrung out of cold water, and she was removed to her bed. After recovering in some degree from the effects of the chloroform, a grain of opium was administered, and afterwards, whisky and beef essence, in frequently repeated doses. Some hours after the operation, vomiting supervened, for which a grain of calomel every hour was given.

Nov. 1st—Pulse 98, and of moderate force; has considerable pain in wound; nausea and vomiting continued; has also persistent hiccough; ordered; gr. 1 of calomel and gr. $\frac{1}{10}$ of opium, repeated every hour, until vomiting ceased; urine to be drawn off by catheter every six hours.

Nov. 2nd—Pulse 120, and wiry; tongue moist and clean; skin moist; has but little pain; no discharge from wound; bowels moved last night by an injection of Oil Ricini; vomiting continues; ordered Chlorodyne in gtt. x. doses, which seemed to check it.

Nov. 3rd — Vomited very little; has considerable pain in the wound; but little discharge; bowels again moved by injection;

pulse 125; tongue moist and clean; surface moist; fomentations of warm hops ordered to wound; has considerable tympanitis.

Nov. 4th—Has but little nausea; no vomiting; pulse 120 hard; tongue moist; bowels loose; has considerable tympanitis and pain in region of wound; discharge inconsiderable; two of the pins were to-day removed, giving vent to a considerable quantity of apparently healthy serum.

Upon examining the dressings in the evening, found the wound gaping, owing to the great distention from tympanitis, leaving the omentum exposed; the lips of the wound were brought together by means of adhesive strips and dressed with simple cerate.

Nov. 5th—The pins were to-day removed, and the lips of the wound approximated by means of adhesive strips, dressing with simple cerate; tympanitis much less; pain still considerable; discharge considerable; pulse 120; tongue moist and clean.

Nov. 6th—Condition quite as favorable as on yesterday; tympanitis less; pain considerable; discharge increasing; appetite continues moderately good; has some pain in right side of chest, with cough.

Nov. 7th—Pain somewhat less; abdomen soft; discharge profuse; has some diarrhœa; still has pain and cough; was ordered Quin. Sulph. and Syr. Morph.

Nov. 8th—Complains of much pain; discharge free; abdomen soft; ligatures still fast.

Nov. 10th—Pain still considerable; discharge free; abdomen soft; lips of wound united at some points; still complaining of pain in right side, with cough; diarrhœa moderate

Nov. 14th—Discharge profuse; pain less; wound healthy, and presenting numerous granulations; ligatures firmly adherent; no tympanitis; diarrhœa still present, but not excessive.

Nov. 18th—Ligatures came away to-day, with traction; shred of sloughing tissue presented at the opening, which it was impossible to withdraw; this acting as a plug, diminished the flow of pus; cough and pain much less; pulse 112, and of good tone; tongue moist and clean; appetite good.

Nov. 21st—A shred of sloughed tissue some four inches in length was brought away to-day, giving vent to considerable quantity of pus which had accumulated around the pedicle; health still continues moderately good.

Nov. 27th—The pus which has been discharged from the lower opening, has become somewhat thin and curdy, and sulphurated

hydrogen is dissolved through same channel; a tent was inserted into the opening; pain in side and cough much less; pulse 108, and of good force, tongue clean and moist; bowels regular.

Nov. 28th—Improvement still continues; the discharges from opening more healthy in its appearance; discharge of pus less; lips of wound uniting rapidly under stimulus of nitrate of silver in solution, which has been applied for some days past; patient put upon the use of cod liver oil.

Dec. 17th—Since the last report, the patient has gradually improved in every respect. There has been no pus discharged for two weeks, and the wound is entirely healed. She sits up part of each day, and is rapidly gaining strength. Her abdomen is soft and flaccid, and free from tenderness to pressure. She has a good appetite, and her bowels and urinary organs act regularly as in health. Although she may not be discharged from the House for some time, we think that the operation may be fairly counted as a success,

Prof. Wm. H. Taylor was kind enough to furnish the following report of his examination of the tumor after its removal:

“The tumor is pyriform, being 18 inches in its greatest transverse circumference, (near the upper extremity), and 19 inches in its greatest longitudinal circumference. Its surface is smooth, and more convex anteriorly than posteriorly. The entire tumor is covered by normal peritoneum.

“Upon the posterior aspect lying just beneath the surface, are several sinues, the size of a goose quill, which were distended with blood when the tumor was removed; similar but smaller sinues exist in the anterior surface.

“Upon the sides near the lower extremity are cut ends of the fallopian tubes.

“Upon making an antero-posterior section of the tumor, normal uterine tissue about $\frac{1}{2}$ inch thick and extending from the lower extremity two inches, was found.

“The sinues in this tissue are perfectly distinct. This substance becomes thinner as it passes up over the tumor, till at the upper parts it is only membranous. The inner surface of the uterine tissue, at the lower part, is lined with mucous membrane.

“Within this expanded uterine envelope, is an oval fibrous mass of great density. At the upper portion the tumor and the uterine tissue are intimately blended, but in the lower half, the tumor is easily separable from its uterine envelope, and in this portion,

a thin but perfectly distinct and easily detached capsule covers the tumor, and as far as the surface of tumor and the uterine tissue can be separated, this capsule can be traced.

“The cut surface of the tumor is a dull white color. In many portions fibres are distinctly seen; in some places being regularly concentric, in others, radiating in bundles.

“In other portions, the surface appears amorphous.

“Under the microscope, sections of the tumor exhibit white and yellow fibrous tissues.

“Lying just below the large mass, and imbedded in the uterine structure, are two others nearly as large as hens’ eggs. One of them projects externally, and also into the cavity of the neck of the uterus. The other projects into the cavity of the neck only.

The uterine canal is obliterated by the contact of these masses.

“The entire tumor weighed $4\frac{1}{2}$ pounds.”

[ARTICLE II.]

REPORT OF A CASE OF STERCORACEOUS TUMOR. By S. E. MUNFORD, M. D., of Princeton, Ind.

Soon after her confinement, Mrs. C——, aet. 40, noticed a tenderness in the right iliac region, which increased in severity until she was compelled to seek relief. On examination, a tumor was found corresponding in position to that of the cæcum, hard and very tender to the touch. Dr. Blair, who saw the case with me, suggested that it might be connected with the ovary, and the symptoms warranted such a diagnosis.

The impression remained until an attack of colicky pains, with marked symptoms of obstructions of the bowels, pointed to what proved to be the real trouble—an accumulation of hardened feces in the cæcum. Soon again there was another attack of colic, during which the tumor became greatly enlarged with swelling and tenderness of the entire abdomen. It became evident that the trouble was increasing, and an attack or two more of like severity would certainly terminate the patient's life. We concluded to try enemata of soapsuds. In the absence of a tube of O'Bierne, the tube of a stomach-pump was used, made soft by holding in warm water. The colon was filled twice a day, care being taken each time to pass the tube gently beyond the sig-

moid flexure. The injections were retained about six hours. At the end of a week, "lumps as hard as hickory-nuts," to use the patient's own words, began to come away with the injected matter, with the effect to immediately lessen the tumor in size, and in every way to relieve the patient's suffering. The injections were continued one week longer, in smaller quantities, added to them a considerable amount of glycerine to render them more solvent. At the end of this time there was no trace of the tumor, except a slight tenderness, which gave away in a few months.

An accumulation of hardened fecal matter is no infrequent occurrence during pregnancy. If it take place in the cæcum, the peristaltic action of the bowels may not expel it. If the history of this case teaches anything, it is that careful and early attention should be given to any complaint of pain or tenderness in that region by the parturient.

[ARTICLE III.]

COMPOUND FRACTURE OF BOTH BONES OF THE FORE ARM—
GANGRENE—TRAUMATIC—AMPUTATION AT THE SHOULDER
JOINT. By R. E. HOUGHTON, of Richmond, Indiana.

I was requested to visit a son of Jos. Draher, aged 14 years, who had fallen, March 9th, 1866, and fractured both bones of his arm about three inches above the wrist. The injury was dressed by a physician in the neighborhood; bones replaced with splinters and bandages. This was on the 7th day, or Saturday evening; on Monday, it was discovered that the hand was cold and becoming dark-colored, and on Tuesday morning, mortification had extended above the elbow. It was then decided to amputate, and I was sent for. Being some ten or twelve miles, it was 2 o'clock in the afternoon when I reached the home of the boy. I found that the mortification had extended nearly to the shoulder, not leaving enough of sound tissue to make an operation; with cutting into tissue infiltrated and swollen. The arm was black with vesications to the insertion of the deltoid muscle, with a dark mottled appearance, extending to the joint upon the upper and outer side, and infiltrated and much swollen into the axillary space. I could not detect the pulsation of the axillary artery, probably from the swollen condition of the tissues. I decided that the only operation which had any hope of succeed-

ing, was an amputation, with disarticulation at the joint. The boy had enjoyed vigorous health up to the time of his injury—so much being in his favor. But the rapid progress of the mortification, with so much infiltration of the tissues, raised serious doubts as to the final result. I believed then that the poisoned fluids of the arm had already been taken into the circulation, and if so, we might expect irritation of the lungs, possibly thrombus or embolía, and its results, if he did not die during the operation or immediately after it. But seeing there was no time to be lost, and under such circumstances, believing it always right to give the last remaining chance or chances to the sufferer, I performed the amputation by disarticulation, by the double flap process of Lisfranc. This process, when it can be adopted, furnishes the most rapid, and as some writers would say, the most brilliant operation, and in this case, the most perfect results. There were but a few ounces of blood lost; the boy was not much depressed; the wound was dressed in the ordinary way and he was laid in bed. For a few days there was troublesome cough, with bronchial irritation which arose, as I apprehended, from the introduction of poisoned fluids into the circulation, and thus setting up the bronchial complication. Anodynes, to relieve cough, promote rest, and nutritious diet, constituted his treatment mainly. Within two weeks he was up and running about; the flaps having united, almost wholly by the first intention or adhesion, save a point at the lower angle where the ligature and discharges escaped. The case is one of much interest to me, being a rapid recovery from a severe and dangerous operation, performed under the most critical and dangerous circumstances to life.

This is the third capital operation by amputation for traumatic gangrene in which I have been engaged; two cases of amputation of thigh, and one of shoulder, where one proved fatal and two recovered; the fatal one from having been delayed too long by the patient, after being warned of the consequence.

[ARTICLE IV.]

FOREIGN BODY IN THE BLADDER. Report of a case by W. C. HALL, M. D.
of Fayetteville, Ohio.—Read before the Ohio State Medical Society.

The following brief report of a case that occurred in my practice recently I think may be of some interest to this society, owing chiefly to its singularity. On the 27th of August last, a young

lady, from Highland County, called at my office to consult me in regard to her health. She was twenty-one, but seemingly much younger; of light, sallow complexion; small, prominent eyes, which wore a dull expression. She complained of weakness; loss of appetite; thirst, particularly during the night; habitual constipation of the bowels; pulse 105, small and irritable; frequent desire to micturate; catamenia regular, but scant; habitual wakefulness; in fact, she informed me she could not remain in bed; melancholy disposition; emaciated, considerable weakness, etc., etc. From this examination, I came to the conclusion that she was suffering from Pruritis of the Vulva. I accordingly made a prescription of simple astringent wash, locally, and a blue pill, to be followed in due time with a Saline Cathartic; exercise in the open air, and a light nutritious diet. With these few directions I sent my patient home, telling her to call again in five days. She did call again and again, and notwithstanding the pruritis seemed better, I could plainly see at each visit that my patient was going down. I suspected masturbation, but this she stoutly denied. I examined her urine but could find nothing abnormal in it. I even thought of stone in the bladder, but did not subject her to any examination for the same. She, in the mean time, became much reduced, so much so, that she could not leave her room. Bed sores appeared upon her hips, and she complained so much that we had to employ the use of anodynes very freely and frequently. I frequently urged her to inform me of any symptom which she had been keeping back, as I thought I could discover in her some inclination to tell me something concerning her case, but I could not, by any means whatever, get anything additional. She was now seen by my fellow townsman, Dr. John C. Maggini, and she was very emphatically informed that she would not recover, whereupon she made the following confession: She said that nine months before, while suffering the intolerable itching that accompanies the acute pruritis of the vulva, that among other things that she was in the habit of using to rub or scratch herself with, was a common wire hair pin, and that while using it in that way on one occasion, that it escaped from her fingers, and where it had gone was to her a mystery. It was immediately suspected that it had escaped into the bladder, and she was examined, and by means of a silver probe, the hair pin could be distinctly felt and on inquiry as to the way it was introduced, we came to the conclusion that the curved end must be next the meatus urin

airus; a little hook was now turned on the silver probe and it was again introduced, and we had no difficulty in getting hold of the pin, but it (the pin) seemed to be firmly fixed; slight traction was now made, when the hook straightened, and further attempts for its removal, at that time were abandoned. A time for its removal, however, was fixed upon. She begged us to give her chloroform, which was agreed to, but not without some reluctance, she having by this time, (24th November) become reduced to a mere skeleton, not even able to sit up in bed only for a few moments at a time. We read every thing we could find about foreign bodies in the bladder, but could find nothing similar on record. We were satisfied that this hair pin was in the bladder; we were satisfied, too, that it was by some means fixed. How to remove it successfully and safely, and with what instruments and by what mode, were of course the several queries that proposed themselves to our mind. After considerable reflection, we had prepared the following described instrument. We took a common steel knitting-needle, say ten inches in length, and directed a silver-smith to first soften the one end and then turn a small hook upon it; then harden and burnish it, and with this instrument, we again visited our patient on the 25th of Nov. last. And after placing her in the position for lithotomy, and administering chloroform until she was completely under its influence, I examined again in order to ascertain the exact location and situation of the pin, and came to the same conclusion as before, that the curved end of the pin was next the urethra, etc. I then introduced my "blunt hook" and had no difficulty in getting hold of what I felt satisfied was the curved end of the pin. I began traction gently at first and increasing gradually, pressing down the parietes externally with my left hand firmly and well, and with a good deal of effort I succeeded in delivering the curved end of the pin. I now laid aside my instrument and seized the hair pin with my fingers and withdrew the hair pin, which I found required *much* effort. The pin was covered with a calcarous deposit more than one-half its length, and it seemed to have had imbedded itself, or become adhered at least, to the wall of the bladder; it measured four inches, curved as it was; it would have measured eight inches had the wire been made straight; it was not crooked nor in any way distorted, but seemed to be diminished in size somewhat by rust (that part of it on which there was no deposit was in this condition;) very little blood escaped after or during

the operation; an anodyne was administered and she passed a pretty comfortable night. She suffered from incontinence of urine for some days, but soon began to improve, and in one month was able to be up, and in two months was able to visit some of her friends.

During the operation I certainly verified the truth of what I believe all anatomists say, and that is, that the urethra of the female is susceptible of very great dilatation without permanent injury resulting therefrom.

June 15th, 1866.

(ARTICLE V.)

INVERSIO UTERI. By N. L. WICKERSHAM, Anderson, Indiana.

On the first day of November, I was called into the country, some six miles, to see Mrs. C——, æt. 18, who had been delivered forty-eight hours previously, of her first child, by Dr. B. F. Spann, of this city. He being absent from home, I responded to the call.

I found the patient with a pulse of 160 per minute, small and irregular; countenance blanched, and prolabium very pale. She complained of a "great deal of bearing-down pain," with constant desire to pass water, but had failed to do so since delivery. There was slight distention of the hypogastrium.

Upon making a per-vaginam examination, I discovered complete inversion of the uterus. I dispatched for counsel and chloroform, and proceed to relieve the bladder of its contents.

From the highly engorged and swollen condition of the external genitals, together with the elongation of the urethra, I had some difficulty in so doing. I drew off about 25 ounces of urine, which seemed to afford her some relief.

Not knowing when counsel would arrive, and having no chloroform with me, and supposing it important that my patient should be relieved as soon as possible, I gave her some brandy and attempted to reduce the uterus. Introducing my right hand into the vagina (well lubricated,) I grasped the womb gently, and used moderate but firm and steady pressure, with the design of disgoring its blood vessels—hoping by constant pressure toward the os, thus to succeed in returning it to its normal position. But the pain was so severe, and the contractions so great at inter-

vals, that manipulation seemed to promise no good without chloroform, so I suspended interference till this and counsel should arrive. At 8 p. m., Drs. Spann and Chittenden arrived. Dr. Spann stated in consultation, "that her labors were rather severe, yet nothing unusual attended it, except syncope after delivering the placenta, from which, per use of stimulants, she reacted tolerably well." I learned from her nurse, that she had several attempts in this direction from the time the Doctor left, till I first saw her.

We gave her first, half a grain of the sulphate of morphia, with a little brandy, and in half an hour commenced administering chloroform. She came under its influence very kindly; her pulse becoming regular, less frequent and much stronger. Dr. Chittenden manipulated, and in the time of about thirty minutes constant pressure, (with index, middle and third finger) against the inverted fundus, succeeded in returning it through the os to its natural position.

After reduction, the os was very patulous, and the tissues of its labia very much relaxed.

Subsequent attentions were renewed by Dr. Spann, which consisted of an occasional mild purgative, to regulate the action of the *primæ viæ*—alcoholic stimulants; disulphate of quinia, combined with Dover's powder—the application to the hypogastrium of a liniment composed of

R^y—Olei. terbinth,

Tr. camphoræ,

Olei. Olivæ, *a a*, f̄. ij.

M.—Sig. Apply every sixth hour.

She also took a turpentine emulsion tri-daily.

Nov. 6th—Patient is making a good getting-up. She is dismissed to-day.

Comment.—We are of the decided opinion, that chloroform may render any case of recent inversion, after delivery, at full term, readily reducible—provided the patient is a subject to whom it can be administered.

[ARTICLE VI.]

DIFFICULTIES IN LARYNGEAL EXAMINATIONS. By G. BRUHL, M. D.,
of Cincinnati.

Although it cannot be denied that a failure in laryngeal examination is oftener more due to the inexperience and awkwardness of the examiner, than to the irritability or anxiety of the patient, still there are many cases met with where even an experienced laryngoscopist finds great difficulties to overcome.

These difficulties are caused either by the tongue or epiglottis, or by an undue irritability or organic change of the pharynx and its adnexa, or by an irregular respiration.

The first great difficulty then is presented by the tongue, especially when it is large, thick and fleshy. The patients either curve the tongue too much and press it against the hard palate, therefore preventing the illumination of the laryngeal mirror and the view of the image, or they press it too much downwardly and backward, by which means the epiglottis, always following the movements of the tongue, is thrown back over the entrance of the laryngeal cavity and prevent its illumination. No image will then appear in the mirror.

Under such circumstances, it would be well to have a suitable instrument, by which we could bring, against the will of the patient, the tongue in the proper position; but however so many spatulas and forceps have been recommended by different laryngoscopists, none answer the purpose, as but few persons can endure the irritation long enough necessarily caused by such instruments.

The only means to succeed is to instruct the patient to keep both the mouth open and the tongue protruded as much as possible, whilst the examiner holds it in this position, between the thumb and index finger, covered with a piece of muslin. Where a tongue depressor is tolerated, it facilitates considerably the examination.

The greatest obstacle is without doubt caused by the epiglottis. In most cases the epiglottis will rise as soon as the tongue is sufficiently kept out, following as above stated, always its movements. But there are such troublesome cases where, no matter how far the tongue protrudes, it hangs down as if paralyzed, so that only its superior surface can be seen, but all the parts below are hidden from view. But even in cases where the epiglottis rises

veli, its cushion is often so enlarged as to cover entirely the anterior part of the vocal cords, and the angle where they unite. Now with many persons, this pending of the epiglottis may be remedied, if on the application of the laryngeal mirror, the patient be made to intone an A in an ascending scale, or if he be made to inspire quick and vigorously at intervals. It will then be observed, sometimes, how the epiglottis ascends with the ascending tone, so that not only its whole posterior surface, but even the whole epiglottis can be seen. If, however, this manœuvre does not succeed, as it always happens, when the epiglottis is very rigid, in consequence of swelling or ulceration, there is no other available means left besides surgical interference. Very fortunately by the ingenuity of a very renowned laryngoscopist, we are in possession of an instrument which will enable us to elevate even a very obstinate epiglottis. It is the epiglottic pincette and shielded epiglottic hook. This pincette has two branches, the anterior one terminating in a small needle-like point, destined to pierce the posterior cartilaginous part of the epiglottis; the anterior one terminating in a ring, which corresponding with needle point, attaches itself to the anterior surface. By pressing upon the handle, the branches of the instrument open; if applied, the pressure is suspended, whereupon they will close, holding the epiglottis firmly between them, so that it can now slowly and cautiously be lifted. The instrument causes so little pain that even the most sensitive person can tolerate its application, sometimes from a quarter to half an hour. Still more practicable is the shielded epiglottic hook, where the needle point is immovably connected with the handle, and the ring is moved by a concealed spring, which pressed upon by the middle finger of the operator, opens or closes the instrument. Even Tobald, a laryngoscopist of great renown, admits its superiority over all others, and in obstinate cases, the beginner will find it indispensable.

There are, however, cases less obstinate, in which the epiglottis may be lifted with the laryngeal probe. As this manœuvre is easier to be executed, it may be first tried in all cases. The probe has to be introduced with the blunted point, about one to two centimeters below the margin of the epiglottis, and then slowly and steadily move forward the examiner, until the entrance of the laryngeal cavity becomes free. Surely this manipulation will not be always attended with success at the first trial, but by repeated experiments, the sensibility of the epiglottis becomes gradually

so much lessened as to tolerate the pressure of the probe without any reflex actions being excited.

Another obstacle, rendering laryngeal examination difficult, is a too great irritability or organic changes of the pharynx. It is astonishing how often we find in making laryngeal examinations, inflammation of the pharyngeal cavity and its adnexa, from the most simple catarrh form up to the severe follicular inflammation. By this complication necessarily, the irritability of these parts is considerably aggravated; which, however, does not manifest itself so much by increased pain or touch as by muscular reflex contractions, in the form of wretching, vomiting and coughing, following instantly the application of the laryngeal mirror. As this irritability is increased after each meal, the first important rule is to examine such irritable persons only before their taking food. Moreover, as the arches of the velum palatinum are the most sensitive, the examiner has to avoid touching them, otherwise very speedily reflex action will ensue and the mirror have to be withdrawn. But as some persons are so sensitive, that even with the greatest caution and dexterity, the examination is very difficult, laryngoscopists have sought for a remedy to produce local anæsthesia, in order to facilitate it. Frequent application of the mirror, both by the physician and by the patient, is the best remedy; but as this is very tedious, several medical agents have been recommended to produce the same effect in a short time. A mixture of chloroform, morphine and laurelwater; the bromide of potash, the chlorated hydrochloric ether; the sucking of ice, are all useless and do more harm than good. The subcutaneous injection of a solution of morphine is such a difficult operation, that the beginner can hardly think of performing it, and frequently produces no effect whatever. Bruns recommends the tannin in form of atomized inhalation (10—30 grs; 3j dist. water,) or sponging of the parts in question, with a strong solution (3j Glycerine and water. 3jj Tannin). But it seems that Richardson's Ether Spray, applied with a catheter-like bent tube excels them all; acting quicker and more certain.

Of the organic changes in the throat, hypertrophied tonsils must be enumerated as the most frequent; by overlapping the mirror at the sides and diminishing in this manner the laryngeal image. This difficulty may be removed by using an oblong or oval mirror, but if this does not answer, do not hesitate to extirpate the tonsils with the improved Fahnestock's Guillotine. The cauteri-

zation of them with crystallized Chromic Acid is too tedious and disagreeable a process to be worthy of recommendation.

Another obstacle originates from an anterior abnormal curvature of the vertebral column of the neck. In such cases the posterior part, both of the vocal cords and the laryngeal cavity, do not come in view at all. The posterior wall of the pharynx takes their place in the image. By making such persons straighten their necks as much as possible, the examiner can some times get a glance of the posterior part of the vocal cords, or at least of the top of the arytenoid cartilages.

The last and least obstacle is caused by the irregularity of the respiration. Many persons, on being examined, try to hold their breath as long as possible, or they inspire too quick, whilst stretching out their tongue. Here the examination is always interrupted by a sudden action of the respiratory muscles. Therefore it is absolutely necessary that before commencing the examination, the patient be taught to breathe quickly and regularly. Some persons are obliged to perform these respiratory exercises for some time, until they have acquired the necessary experience and steadiness.

By keeping these rules in mind, the beginner will surely succeed in a short time, even in obstinate cases. But he must not lose courage after a few unsuccessful trials. Exercise makes the master as well in this as in every other art. He must not lay the mirror aside if the first attempt fails, nor must he fall in the opposite fault, to become impatient and try to introduce the mirror *forcibly*, if not successful at once. Such practice, says Tobald, always fails, and has only a negative result. Patience, perseverance, and a firm will soon overcome every obstacle. Rome was not built in one day.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

Thomas Carroll, M. D., *President.*

M. B. Graff, M. D., *Secretary.*

Nov. 26th, 1866.—Dr. Thornton reported the following: Was called to attend a women in confinement; after delivery, the child was dead, and its hands and feet were clubbed. The mother stated she had seen a man similarly deformed, who came to the house to sell wares several months previously, and immediately on being informed that her child was deformed described the defect; attributing it to the sight of this man while she was pregnant.

Also another case, where the child was minus an arm. The mother had been struck on the arm while *enceinte*. Thought there was more than an old woman's superstition in this action of outward circumstances on the fœtus in utero.

Dr. E. H. Johnson gave a case of a child born with malformation of shoulder, and without elbow-joints, the hands being also clubbed. This child was still born. The mother attributed the monster to sights she had seen while a nurse in the hospital.

Dr. Thornton stated that all the other children of his first patient were healthy and well formed.

Dr. Thos. Carroll thought that if the fœtus was so old as to have hands and feet, no sights seen by the mother could cut them off. If frights could have such an effect on the fœtus at any time, how very common malformations would be, while in reality, they are very rare.

Dr. A. D. Williams said these malformations are more likely due to diseases of the fœtus. If children are born blind, its defect is attributed to some blind person seen by its mother, while in reality, it is due to ophthalmia in utero. In cases of clubbed feet and similiar deformities, rheumatism or a cramped position of fœtus would account for it. The ovum itself could not be effected by outward circumstances acting on the mother, for it is unimpregnated.

Dr. P. T. Gillane reported the following interesting case: Saw patient who had been bitten by a dog, five weeks before. Had all the symptoms of hydrophia. Gave chloroform, and tied his hands and feet. Died next day. Was called to see patient, who was a

boy of 14 or 15 years, on Tuesday last; the difficulty of swallowing first showed itself the Friday previous.

Dr. D. S. Young gave as pathognomonic of hydrophobia, as contradistinguished from canine epilepsy, the biting or snapping at every body and every thing. Youatt considered nitrate of silver an antidote for rabies; he also removed the cicatrix and applied cups. Thompson had simply sucked the wound he had received from a rabid animal, and felt no after-evil effects.

Dr. Carroll reported a case in the dog. There was no froth, but thick, tenacious saliva about the lips; the eyes were red and blood-shot; had no spasm, but ran round and round, and died shortly after.

Dr. C. S. Muscroft.—In the early stages of the disease, the dog, contrary to public opinion, drinks almost constantly; is restless, gloomy and morose; runs round, picking up small bits, as hair-pins, beads, etc.; eats its own and other animal's feces; refuses good food, etc. If of a good disposition, will not always snap at those it knows. In the last stages, the difficulty of swallowing manifests itself, and the animal dreads even the sight of water. The received idea now is, that the disease can only be communicated from the bite of the carnivora. Early excision and cauterization are the only safeguards.

The Doctor also reported a case of charbon, or malignant pustule, which recovered under the use of a mixture containing Bromine, Iodide of Potassium and Bi-Chloride of Mercury dissolved in Alcohol. This prescription was an imitation of Bibron, and would use it in hydrophobia if he had a case. Youatt uses Scutallaria and Belladonna internally and externally.

Dr. Ludlow had been bitten by a rabid animal 15 years ago, but as the wound was promptly cared for, he was still sound and well.

Dr. Ayres, of Ft. Wayne, Ind., was introduced by Dr. A. D. Williams, and at the invitation of the Academy, reported the following curious and interesting case, exhibiting the post mortem specimen.

A soldier was wounded June, 1864. Came under his care July following; was anemic, and had chronic diarrhoea; had cicatrix over sixth rib, through which a hernial protrusion took place when he coughed. In a few days the cicatrix gave way and a small quantity of pus was discharged, the patient being somewhat relieved. Shortly after this, the case passed from his care, but he still kept it in sight. Patient died Oct. 31st of the same year, four months

from receipt of injury. On post mortem, the ball was found encysted on vertebræ, below left renal vein, and between aorta and vena cava, having passed through lower lobe of right lung, diaphragm and liver; found the lungs also studded with tubercles.

The thanks of the Academy were then tendered to the doctor for his report.

Dec. 17th.—Dr. J. A. Thacker presented a very interesting paper on “Man as a Free Agent,” which gave rise to considerable discussion by Drs. J. J. Quinn, Thos. Carroll, R. R. McIlvane, H. Smith and others.

Dr. W. T. G. Morton, of Boston, who was the first to establish the fact that anæsthesia by ether could be safely produced for the alleviation of pain in surgical operations, was introduced to the Academy by Dr. J. F. White.

On motion, a special meeting was held on the evening of the 19th of December, 1866, at which the Doctor gave a very interesting account of his struggles in introducing what is now among the greatest of blessings to the community.

Dr. P. S. Conner gave the following interesting report of post mortem researches:

REPORT OF SPECIMENS PRESENTED TO THE ACADEMY OF MEDICINE, DEC. 17, 1866.

No. 1.—Specimen of Strumous Chronic Osteitis, presented by Dr. Thos. Wood:

Portion of left femur, the thigh having been amputated at about the junction of middle and upper third. Patient, a boy of 16 or 17 years of age; had been suffering for seven years with strumous disease of the femur. The diseased condition being found to be altogether too extensive for reaction, amputation was performed; recovery was rapid, though there are indications that strumous disease will probably before long manifest itself in other parts.

No. 2.—Encephaloid tumor developed in anterior lobe of left central hemisphere.

Nov. 23rd, was invited by Dr. Tibbals, in charge of City Prison, to be present at a post mortem examination. Drs. Sexton, Young and Clendenin were also present. The subject of examination, a woman of full habit, apparently about 35 years old, had, some days previously, been found by the police in

Washington Park, and by them brought to the prison. Dr. Tibbals reports that when he first saw her, she was unable either to move or give an account of herself—in which condition she remained for three or four days, during which time she passed her fæces and urine in her clothes. From this condition she rallied; eat heartily; went properly to the water-closet, and gave an account of herself to those about her. This state of things continued about 48 hours, when she was seized with convulsions and soon died. At the autopsy, there was found considerable venous congestion of the scalp, and upon removing the calvaria there was noticed at about the center of the superior surface of the left anterior lobe, a depression nearly an inch in diameter and half an inch in depth; meninges were firmly attached to the cerebrum. Upon examining the removed calvaria, there was discovered an exostosis from the inner table, corresponding in situation with the mentioned depression. The meninges were much congested. Upon section of the cerebral mass the puncta vasculosa were very apparent. The lateral ventricles contained somewhat less than 3j of fluid; the brain was apparently healthy, except in the anterior lobe of the left hemisphere, where there was found the tumor, shown of the volume of an ordinary orange and perfectly self-circumscribed; microscopic examination showed that it was made up of an immense aggregation of cells of various shapes and sizes, with but a trace here and there of fibre. The cerebral substances immediately posterior to the tumor was somewhat softened. The history of the woman prior to her admission into the prison, I have as yet been unable to obtain, though repeated efforts have been made by Dr. Tibbals to ascertain her previous mental and physical condition. Notwithstanding, there was in this case, a large malignant tumor developed in the left anterior lobe, there was no Aphasia. The woman, but two days before her death, was able to tell her name and give an account of herself. The lungs and heart were found to be healthy; the liver large and congested; the kidneys much congested.

No 3.—Uterus from same subject with infiltration of cervix.

No. 4.—Calvaria removed from subject furnishing specimens Nos. 2 and 3, showing traces of siphilitic disease, and the already mentioned exostosis from inner table. The left meningeal artery is found to have been much larger than the same artery on the right side—wide and deep channels, indicating the course of the artery and its branches to the exostosis.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

 DR. JAMES ALDERSON, F.R.S., *President*.

Remarks on Chronic Albuminuria—Originating during the Convalescence from Scarlet Fever and other Eruptive Diseases. By HERMAN WEBBER, M. D., F.R.C.P., Physician to the German Hospital.

These remarks do not refer to the well-known and easily recognised acute scarlatinal dropsy or desquamative nephritis of scarlet fever, but to a chronic form of albuminuria originating occasionally at a much later period, when recovery had apparently been established already for several weeks. The author related three cases of scarlet fever, unattended with albumen in the urine or any other symptoms of renal complication during the first four weeks from the commencement. The subjects of the cases appeared quite well at the end of about a month, when they returned to their usual mode of living; but about three or four weeks later the general health had become disturbed (loss of appetite and strength, headache, glandular swellings, boils, anaemia and occasional sickness), and the urine, as soon as the patients came under treatment, was found highly albuminous. Perfect recovery took place in one case; while another the general health became much improved, but a slight degree of albuminuria has remained; and in the third case death occurred seven years after the commencement from broncho-pneumonia, with uraemic symptoms, the post mortem examination exhibiting waxy degeneration (amyloid) of the kidneys. The author maintains that the connection between scarlet fever and the renal disease in this class of cases is not the same as in the acute scarlatinal dropsy; while the latter may be considered as a part of the scarlet fever process, the former originating at a much later period, is probably only so far connected with the scarlet fever as through it a greater susceptibility to the development of chronic renal disease is effected in the same way as there results a tendency to other chronic affections, like glandular swellings, and eruption of boils. The author believes that the same tendency may be caused also by other acute diseases, especially those of exanthematous nature, and gave two cases in which chronic albuminuria took its origin in persons who had lately recovered from erysipelas of the head and typhoid fever respectively, in both of which cases, during the febrile state and during the convalescence, the urine had been quite free from albumen. He referred also to a similar case occurring after typhus fever, and described by Dr. Johnson in his work on Diseases of the Kidneys, (London, 1852, p. 408.)

The author was inclined to infer from such cases that amongst the many cases of Bright's disease the origin of which is uncertain, a not inconsiderable proportion may not have been developed during the latter stages of convalescence from exanthematous diseases; that, therefore, as urged already by Dr. Johnson with

regard to fever, particular care ought to be taken during these stages with regard to diet, clothing, habitation, avoidance of over-exertion and exposure to cold and damp air. Dr. Weber further pointed out that the insidiousness of the commencement of this chronic albuminuria, as in four cases out of the five related, anasarca and admixture of blood with the urine were altogether absent. Lassitude, loss of strength, anorexia, swelling of the lymphatic glands, and eruptions of boils, being the principal symptoms, ought, therefore, always to lead to an examination of the urine, the more so as by an early discovery of the renal disease the chance of a perfect cure is much increased, as seen in two of the five cases reported.

The treatment consisted in attention to skin and diet; in the administration of iron with acidulated acetate of ammonia, and occasional doses of elaterium to relieve the kidneys, and in the use of the hot vapor bath or the warm wet sheet.

On the Detection of Lung-tissue in the Expectoration of Persons Affected with Phthisis. By SAMUEL FENWICK, M. D., Assistant-Physician to the City of London Hospital for Diseases of the Chest, late Lecturer on Pathological Anatomy in the University of Durham.

The author states that he has included in his paper the results obtained from the examination by the microscope of the expectoration of 100 real or suspected cases of phthisis. The plan hitherto recommended of searching for pulmonary tissue in sputum has been to spread it on a flat surface, and to pick out of it with needles any portions that might appear likely to contain elastic fibre. He has, on the contrary, been in the habit of liquifying the expectoration by boiling it with a solution of pure soda, and then placing the fluid in a conical-shaped glass, when every particle of elastic tissue falls to the bottom and can be removed and placed under the microscope, as is done in the examination of urinary deposits. In this way he has easily found one hundredth part of a grain of pulmonary structure after it had been mixed in bronchial mucus; and he calculates that one four-thousandth to one six-thousandth part of a grain may be detected in any expectoration that may contain it.

In 13 out of 23 cases in which tubercle was suspected to be in the first stage, lung-tissue was found in the sputum. In 7 of the 13 cases, there was no physical sign of tubercle, but its existence in the lung was suspected from general symptoms only; and in expectoration from these there was no pulmonary tissue. In 16 cases, there were stethoscopic signs leading to the belief that tubercle was present; and in 13 of them elastic fibre was found in the mucus coughed up.

There were 24 cases in which auscultation and percussion indicated softening of tubercle in the lungs, and in all pulmonary tissue was present in the sputa. In 15 the physical signs were of

a doubtful nature, and 7 of these presented microscopic evidence of ulceration of the lungs.

In 35 cases the stethoscope indicated cavities, and in all these there were fragments of lung-tissue in the expectoration. In 2 cases the author had diagnosed enlarged bronchial tubes, and in neither of them was there any appearance of elastic fibre in the sputum. In 69 cases he counted the numbers and size of the fragments of the lung expelled. In one specimen, coughed up in twelve hours, 800 fragments were found; and often 50 or 60 fragments were detected, where, from the stethoscopic signs alone, no great destruction of lung could have been anticipated.

The proportion of bronchial tubes the author found to be least in the stage of softening, and greatest where the stethoscope indicated cavities. The greatest proportion of fragments of single air-cells was found in the first stage, and the largest proportion of large fragments of lung where cavities existed.

The author concluded his paper by giving a number of practical directions as to the best method of conducting the examination of the expectoration, in order to find with quickness and certainty any pulmonary tissue that may be present.

Hydatid of the Liver, Treated Successfully by the Injection of the Extract of Male Fern into the Cyst. By F. W. PAVY, M. D., Assistant Physician and Lecturer on Physiology at Guy's Hospital.

Harriet V——, a woman of pretty healthy appearance, aged twenty-one, admitted into Mary ward under the care of Dr. Pavy, October 4th, 1865. When three years old she was squeezed against a wall by a cart wheel, which struck her somewhere on the right side of the chest. No rib was fractured, and she soon recovered from the accident. About six years ago the patient noticed a slight swelling in her right side, which has since continued gradually increasing in size.

On examination, a large deep seated tumor was to be noticed occupying the right hypochondriac region, and extending considerably beyond, both above and below. Its boundary could be clearly defined inferiorly. It caused a considerable bulging of the ribs on the right side, and the right mammary gland was raised about three quarters of an inch above the level of the left. Fluctuation was apparent. Dullness extended as high as the lower border of the second rib on the right side.

The case was diagnosed to be one of hydatid tumor of the liver. The relationship that is agreed upon by helminthologists to exist between the hydatid and the tænia, and the known effect of the extract of male fern upon the latter, suggested to the author the treatment adopted. The extract is not miscible with alcohol or water, but it was ascertained that a liquid sufficiently thin for passing through a fine canula was to be obtained by admixture with a little potash.

Nov. 6th.—A fine trocar and canula were introduced into the tumor by Mr. Durham, and about four ounces of a limpid colorless fluid allowed to escape, in order to diminish the tensions of the cyst. A liquid consisting of half a drachm (by measure) of the purified semi-fluid extract of male fern, half a drachm of liquor potassæ, and six drachms of water, was then injected into the sac, care being taken throughout to prevent the entrance of air. The fluid removed was examined, and found to be non-albuminous, charged with a large quantity of the chloride of sodium, and to contain hooklets of echinococcus. At the introduction of the trocar the patient complained of experiencing a considerable amount of pain, which she referred to the lower part of the abdomen. Some febrile excitement, vomiting, and purging followed, but there was no evidence of peritonitis.

10th.—On percussion, it was found that dullness did not extend so high in the chest on the right side by one rib as previous to the operation.

16th.—The patient was allowed to get up.

20th.—The tumor was found to be much diminished in size. It was much softer, did not extend so low down in the abdomen, and was much less distinctly circumscribed. The chest was resonant on percussion as low as the space between the fourth and fifth ribs.

29th.—The circumference over the most projecting part of the tumor before the operation was $34\frac{1}{4}$ inches; to day it is $31\frac{3}{4}$ inches; showing a reduction of $2\frac{1}{2}$ inches. Tumor very soft and its lower border not to be defined as formerly. The patient, being well, was allowed to leave the hospital.

A fortnight and again a month afterwards she was seen, and found to be progressing satisfactorily.

May 10th, 1866.—Since she was last seen the patient had suffered from an attack of rheumatic fever with heart complication, and bronchitis. She had been in no way troubled with her side, and her circumference now was thirty inches. No swelling was perceptible to the eye, but a hardness remained in the hypochondriac region.

The inference to be drawn from the result in this case is, that the injection of the extract of male fern caused an immediate destruction of the life of the hydatid without the production of suppuration, and that a rapid absorption of the fluid element of the cyst afterwards took place.—*London Lancet.*

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

TREATMENT OF KERATITIS AND ITS COMPLICATIONS. By A. D.
WILLIAMS, M. D.

In a former number of this Journal I gave in detail the treatment of simple inflammation of the cornea, and now wish to write particularly of the treatment of Keratitis in connection with its various complications, whether it be the primary or secondary disease.

It is most frequently, perhaps, complicated with Trachoma, as the primary disease, and with Pannus as one of the complications of the former. In trachoma the swollen and rough lids by their weight and constant friction upon the eye-balls, cause the development of pannus. Knowing then the cause of such a complication, we can easily institute the treatment. We must therefore remove the granulations, and in doing so we cure the pannus and keratitis. This is the first and chief indication, but considerable care is always necessary in conducting the treatment of trachoma under such circumstances. We can not—we *dare not*—treat the granulated eye lids *heroically*, and entirely disregard the keratitis or the ulceration of the cornea; either of which naturally makes itself known by the intense pain which the patient suffers. Whenever there is active keratitis we must not apply severe, irritating remedies to the lids, for they in turn irritate the cornea, and this increases the pain, inflammation and danger to the sight. No treatment is better than bad treatment!

In managing simple or uncomplicated keratitis, as given in a former article, the rule was *never to irritate the cornea*; and in the complication under consideration, this rule must not be forgotten. If the suffering is great, allay the pain as much as possible by the use of anodyne solutions; and for this purpose 3 or 4 grs. solution of sulphate of Atropine and Morphia are especially indicated. Use them from three to five times a day until the pain is to some extent relieved. Then begin carefully the treatment of the granulations, and if the cornea will not tolerate it, as would be indicated by the increased

pair, then discontinue it and use the soothing remedies only till it will bear the necessary irritation. And, as before remarked, it is necessary here to exercise great judgment both in the selection of remedies for the granulated lids and in their application. Without enumerating what must not be used, I will say that the comp. nitrate of silver is the best of all remedies to be applied to the lids, because it is the least irritating. Make the solution from 3 to 4 grs. strong, evert the lids and brush it over their granulated surfaces three or four times, till they begin to turn white, and then wash it thoroughly off with some warm water, in order to neutralize more perfectly whatever of the caustic may remain, and thus prevent the minutest quantity from reaching and irritating the cornea. For be it remembered, for I can not repeat it too often, that in the treatment of all acute corneal affections, as well as their complications, the first thing to avoid, most scrupulously, is all local irritation. The lids must be brushed once a day till the granulations are well, or much reduced; then it may be replaced by the crystal of copper, or by the Sulph. Cupri. paste from 4 to 8 grs. to the ounce, applied once a day. The keratitis, however, must be decidedly reduced before the cuprum, in any form, is admissible. In the mean time the anodyne preparations, given above, are to be continued several times a day, in addition to whatever other treatment is thought proper. In order to excite the absorption of the opacities left by the inflammation and ulceration, as far as possible, some stimulating applications are necessary—such as the sulphate of copper, in substance or in paste, applied once a day to the everted lids. This treatment will relieve at the same time any chronic conjunctivitis that may remain after such affections of the lids. Brown citrine Ointment applied once a day, or Hydrarg Submuriat, dusted on the cornea every twenty-four hours, will excite, perhaps, more than any thing else the absorption of corneal opacities. In children they frequently disappear entirely; in grown persons, very seldom.

But whatever you do, do not try to burn them off with caustics. You will only make the matter worse. In cases where acute trachoma is complicated with keratitis at a very early period, it is often necessary to treat it as though it was uncomplicated with granulations for a short time, and then

carefully begin the treatment of the latter, and closely observe its effects upon the keratitis. If it does not increase the pain, photophobia lacrymation, it may be continued with perfect safety. On the contrary, if the cornea will not bear the active treatment of the granulations then it must be discontinued till it will tolerate the necessary irritation.

In general, I should observe here, that the inflamed or ulcerated cornea, resulting from granulated lids, will frequently not only tolerate, but rapidly improve, under the quite severe caustic applications to the lids. This toleration on the part of the cornea, in such complications, is a striking characteristic as compared with primary keratitis. Notwithstanding this, I do not wish to be understood as saying that we can treat granulated lids, without any regard to the condition of the cornea. On the contrary, it must be closely watched, and at the instant of the slightest increase of inflammation or ulceration of the cornea, the irritating treatment of the lids must be stopped or modified till the healing process sets in. The only apparent exception to the principles of treatment of complicated keratitis, as given above, is in affections of the cornea in consequence of purulent ophthalmia, and ophthalmia neonatorum. Properly speaking, the complications in these diseases are not true ulcerations, but rather *sloughing* of the cornea. Sometimes, however, genuine ulceration is observed in connection with them. The inflammation and swelling of the conjunctiva are often so intense and rapid, and the sub-conjunctival effusion is so great, that the simple pressure of the lids upon the vessels around the margin of the cornea, cuts off the supply of nutrition, and hence it sloughs away; that is, it dies simply for want of sustenance. Occasionally it is completely destroyed in a very few hours, in consequence of the very rapid violent nature of these diseases. Knowing then, and appreciating, the great danger to the integrity of the cornea in all such cases, let us suppose that we have a case of purulent ophthalmia, in which there is beginning ulceration of the cornea, giving to its surface a *troughed* appearance, either at the margin or in the center.

The probability is that, if not treated at all, the whole cornea will be destroyed by the progress of the ulceration, or it may slough away suddenly. At the same time, we know how little the cornea is disposed to bear treatment in an ulcerated condition. The difficulty which we meet with here, or rather the

alternative involved, may be better stated, perhaps, thus: Either not treat the disease at all, and *most probably* lose the eye; or treat the disease, notwithstanding the corneal complications, and, *perhaps*, save the eye. When two evils present themselves, we must select, speaking *morally*, the less. From what we have seen and known of such complications, we believe that the natural course of the disease, unrestrained by any medication, will be more apt to destroy the cornea than the necessary treatment. Hence I always prefer to treat the disease with special precautions as to the cornea, at the same time admitting that the irritation from it may act unfavorably, to some extent, upon the ulceration of the same. I believe, however, that the disease, if left alone, will act still more injuriously upon it. In a former article upon this subject, I gave in detail the approved treatment of purulent or gonorrheal ophthalmia, and consequently need not enter upon it at great length now. I then advised a pretty strong solution of nitrate of silver, applied once a day to the everted lids; its strength should be from 20 to 30 grs. of the pure, or from 40 to 60 grs. of the comp. nitrate, (I prefer the latter,) to the ounce of distilled water. This is brushed on, as recommended above, till the conjunctiva begins to turn rapidly white, and then washed off thoroughly with water. Some prefer here again to wash it off with a solution of common salt, in order to more thoroughly neutralize the nitrate of silver, and thus prevent, if possible, the slightest irritation of the cornea from it. In addition to this, a strong solution of Atropine, (4 grs. to the ounce for adults, and 1 gr. to the ounce for children) is to be dropped into the eye about four times a day—oftener if the pain is severe. Besides this, the patient must be directed to wash his eyes with warm water several times during the day and night, and thus keep them as clean as possible. In my judgment, if any thing will save the cornea, under such circumstances as I have supposed, this general course of treatment will do it.

What I have said of purulent ophthalmia is also applicable to ophthalmia neonatorum. The treatment of both is *literally identical*. *Keratitis with Iritis*; *Kerate-iritis*, so far as the treatment is concerned, it does not matter which the primary disease is. It is not a very common complication of keratitis, but sufficiently to deserve notice, and even to be given somewhat in detail. It is seen mostly in scrofulous persons, and those who have perhaps inherited or acquired a syphilitic taint. Unhealthy children are

frequently its victims. As to treatment, the indications are very plain. What generally is applicable to keratitis, locally, is also indicated locally in iritis; consequently we have no difficulty here in the selection of remedies. The solution of Atropine is about the only local application to be made in such complications. This must be dropped into the eyes from three to five times a day according to the degree of pain. The general treatment depends upon circumstances. If the iritis is supposed to have a syphilitic origin, then it must be anti-syphilitic. If no specific taint is suspected, then the disease, or complication of diseases, must be treated on general principles, the details of which were given at length in my article on "Treatment of Keratitis." The best tonics in the materia-medica are to be prescribed. Iron, quinia, and nux-vomica, are specially indicated, together with good diet and moderate exercise in open air, if there is not too much photophobia. The use of these tonic remedies must be insisted upon for a long time, else no benefit will be realized. Sometimes when the keratitis and iritis have become very chronic, and particularly when there is a number of adhesions of the iris to the anterior capsule of the lense, surgical treatment will alone avail anything. This consists in making an iridectomy in the usual way, at a point where the cornea is the clearest, and the iris freest. The general result of this operation is frequently surprising. In favorable cases the cornea begins to clear up soon, and the iris takes on healthy action, so far as its circulation is concerned, and assumes a brighter, healthier appearance. It often happens that in this little operation is the only means by which we can save an eye from total loss. How the iridectomy can or does effect such a desirable result would be difficult to say. It is probably through the change in the circulation, and nutrition of the parts diseased. Be this as it may, the fact is undisputed.

Editor's Table.

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SALUTATION.—The new year has entered upon its course; if it brings no new duties to us, it enforces the old with relentless purpose. With this January number of the *LANCET AND OBSERVER*, our monthly visits for 1867 are begun—they have been constant for nearly a dozen of years to many steadfast and faithful subscribers—in all that time we have labored to build up and continue a reliable Journal of Medicine, worthy of the profession of this vast interior valley; we think we may claim some very clever degree of success without improper vanity or boast. In the year upon which we are just entering we believe we have made some new arrangements which will still secure additional interest and value for our Journal with its steady growing list of readers.

First is the **EDITORIAL DEPARTMENT**; while **DR. STEVENS** will continue, as he has for several years past, to be the responsible and business Editor, **Prof. W. H. MUSSEY**, who has always been deeply interested in the success of the *LANCET AND OBSERVER*, has consented to become regularly responsible for the **SURGICAL DEPARTMENT**—and **Prof. E. WILLIAMS**, who has for a long time contributed valuable articles on his special department of Ophthalmology, will regularly assume the Editorship of that Department of the Journal. **Prof. JOHN A. MURPHY** remaining still in charge of the **MEDICAL DEPARTMENT**. In other features of the Journal we also have the promise of important assistance, that altogether we hope will render this volume the most attractive and valuable that we have yet sent out to our readers.

Second is the **PRINTING**; we have changed the style of the type so that while we believe it will be in a more pleasing form for reading, it will virtually add nearly ten pages of matter to each issue in amount, without increasing the number of pages. We have also changed our printers—and although such material changes render it almost impossible to issue this number with promptness, yet we have faith to believe that the future promptness and typographical execution of the Journal, in the hands of **Messrs. JOHNSON & FARRELL**, will excel anything for a number of years.

The aim and spirit of this Journal is too well known to require

any lengthy repetition ; it is a Journal of the profession—on the one hand alive to all important contributions to our literature and resources—on the other ever anxious for what contributes to our honor and influence We lay no claim to leadership—we desire to be the true exponent.

And now, friends, let us rally once more for a good year ; we shall try to do a good deal of work for you, and trust that you will not be contented without doing something substantial for us. Accept our greetings for your happiness and welfare throughout the New Year.

COMMERCIAL HOSPITAL.—After many words, much hope deferred and many a fit of heart-sickness by the profession of this city, we are at length really to have a new City Hospital. The design is matured and will meet the just expectations of all interested, both in beauty of appearance and excellence of its details. Passing through Twelfth Street the “Old Commercial” already shows a shapeless ruin—the material being rapidly removed, preparatory to putting the grounds in order for the new edifice. Those who have known the Hospital in its by-gone history, will feel a sense of keen pleasure that the demolition is progressing so satisfactorily ; but they cannot fail to experience a feeling of sadness in the destruction of one of the old medical land-marks. What memories come trooping home to us when we think of the early struggles for the establishment of a great Hospital—and the strife for a high-toned system of Clinical Instruction, connected with the Medical Teachings of our City ; what memories are recalled of the triumphs of Medicine and Surgery in that well-known, contracted old Amphitheatre. There, DRAKE, and EBERLE, and MOREHEAD, and BELL, taught the principles of Medicine, making their impress upon the Medical Spirit of this valley, that will never be effaced ; and STAUGHTON, and the elder MUSSEY, and SHOTWELL lent a Surgical glory to the Clinics of the Hospital that still affords familiar converse for old doctors all through the West. Of the present generation and the present excellent staff of attendants—in all its maturity of worth and professional excellence in the departments of Surgery, Medicine, Obstetrics and Ophthalmology, it is bootless and invidious to speak ; we only trust that with their fidelity and energy of purpose they will bridge over the glorious memories of the past, and graft it enduringly upon the fame and glory of the future as foreshadowed in

the coming Hospital, to be. With our present working staff and a building commensurate with the wants of this great city, we shall hope to rival in Clinical advantages and Clinical instruction to Students of Medicine, any city in this Union.

The patients of the "old Commercial" are now divided between the Asylum Building, on Elm Street, and the building recently occupied by the St. John's Hospital of the Sisters of Charity; at both of the places temporary arrangements have been made for Clinical teaching to the Medical Classes of the city. These arrangements are necessarily imperfect, but it is believed will meet the wants until the new Hospital structure is sufficiently advanced to permit its occupancy.

ARTIFICIAL LIMBS—PALMER ABROAD.—Brother Jonathan has a mighty opinion of his own merits—but after all, he loves to have other people speak well of him. Recently we have met with an instance of this foreign appreciation that is particularly gratifying. The Prussian Sanitary Commission, having in charge the matter of selecting Artificial Arms and Legs for the Prussian Army and Navy, has given the preference to the models of our countryman, DR. B. FRANK PALMER, and for the models, has paid PALMER a compliment of \$1000. This selection was made on a comparison with the leading English and French artificial limbs. We certainly congratulate our old friend on his good fortune.

WILLAMETTE UNIVERSITY.—This Institution located at Salem, Oregon, has established a Medical Department—with a full corps of Professors, indicating a purpose to build up a school of Medicine worthy of the new and growing State of Oregon. We wish our friends of the Pacific coast abundant success in their praise worthy undertaking. The First Course of Lectures will commence on the 1st of April, and continue four months.

DR. THOS. H. KEARNEY is appointed to fill the Surgical vacancy in the Attendance of the Good Samaritan Hospital of this City, made by the death of Dr. George Fries.

CARLETON MEDICAL COLLEGE has sold out its property, and ceased to exist as a school of Medicine.

THE NEW ORLEANS MEDICAL RECORD has ceased to exist after a history of three issues. This was to have been expected in

part—notwithstanding the acknowledged ability of Dr. DOWLER as a medical scholar and veteran editor it is simply absurd to attempt to build up a third Medical Journal in that city.

CLUBBING WITH OTHER JOURNALS.—As we have heretofore been accustomed, we continue to afford several other Journals, in connection with our own, at a discount from the rate for subscription. For these rates, see our regular advertised prospectus. Such of our friends as desire to avail themselves of the rates, we trust will forward their names at once, that we may make the remittances Eastward in bulk, and not with single names.

A LARGE number of new names have already come to hand and we trust that all our friends will gratify us with an unusual exertion in our behalf, immediately, for placing this year the LANCET AND OBSERVER upon a more substantial basis than it ever reached heretofore; and old subscribers we expect will at once remit all arrearages, and payment for the new year.

THE PHYSICIAN'S POCKET RECORD.—Dr. Butler, editor of the Philadelphia Reporter, has issued a new Visiting Record for the use of Physicians, that has some new features, and which strikes us more favorably, upon slight examination—without actual use of it—than any that we have seen, and we have for a long time been particularly partial to the Visiting List of Lindsey & Blakiston. It is adapted to any year, and you can commence its use at any time of the year. His alternate pages are conveniently arranged for daily memoranda. Besides these features, are various tables and much condensed information of value and convenience.

We have but a single objection as yet to this Visiting Record—one that we have in common with all we have ever seen—there is *too much of it*. Cut off absolutely all introductory to the daily record and much of the supplementary matter, making the whole thing one half less bulky, and we should esteem it that much better. Few practitioners ever look at this extra matter, or have use for it. Price \$1 50.

QUACK PERIODICAL LITERATURE.—Once for all, we wish it distinctly understood that we have no use for the quack Medical Journals. We observe that some of our exchanges parade the names of these publications in their list of acknowledgments and exchanges. Of course—*de gustibus nil disputandum*—but

for ourselves we don't like the association; and, in a word, we *won't have the trash on our table*, and we should be glad if the whole tribe of Eclectics and Homœopathics, and Reformers, and Water Doctors, would set us down as a set of surly, intractable dogs, and keep away from us.

CLASSIFIED PRICED CATALOGUE OF BOOKS, INSTRUMENTS, ETC.—The same industrious editor has forwarded us a convenient little pamphlet, the foregoing title explaining its purport. It gives in classified order, all the medical books of any consequence—their publisher and price—with a similar list of surgical instruments and like appliances. Send 25 cts. to Publisher of Philadelphia Reporter and get a copy.

MIAMI MEDICAL COLLEGE.—SPRING AND SUMMER SESSION.

A course of Medical Instruction will be given at the Miami Medical College of Cincinnati, commencing March 18th, 1867. and continuing until about the 1st of July, on the following plan :

Prof. MENDENHALL, Clinical Obstetrics.
 Prof. MURPHY, Clinical Medicine.
 Prof. MUSSEY, Clinical Surgery.
 Prof. FOOTE, Clinical Surgery.
 Prof. CLENDENIN, Recapitulations and Surgical Demonstrations.
 Prof. CHAPMAN, Recapitulations in Chemistry.
 Prof. RICHARDSON, Recapitulations in Diseases of Women and Children.
 Prof. STEVENS, Recapitulations in Materia-Medica.
 Prof. TAYLOR, Recapitulations in Physiology.
 Prof. WILLIAMS, Lectures and Clinics in Ophthalmology.

Dr. C. P. WILSON, Lectures and Demonstrations in Anatomy.
 Dr. A. D. WILLIAMS, Lectures on the Anatomy and Diseases of the Ear.
 Dr. G. S. COURTRIGHT, Lectures on Minor Surgery.
 Dr. G. BRUHL, Lectures on the Laryngoscope.
 Dr. C. D. PALMER, Lectures on Physical Diagnosis.
 Dr. J. C. CULBERTSON, Lectures on the Chemistry of the Urine.
 Dr. S. P. BONNER, Lectures on Obstetrics.
 Dr. W. H. McREYNOLDS, Lectures on Physiology.
 Dr. A. J. MILES, Lectures on Poisons.

The course of instruction is intended to be supplementary to the Winter Course of Lectures, thus affording a complete and more extended system of teaching Medicine to students than can possibly be embraced in the usual term. The hours occupied daily at the College, will be such as to allow abundant time for attendance at the *Hospitals*, and for the prosecution of *Practical Anatomy*.

The *College Dispensary* now affords a large amount of clinical material, and students will have opportunities for cultivating a practical knowledge of auscultation and percussion.

~~RE~~ This is not a Graduating Course. TERMS: \$20 00.

For further information address any of the Faculty of the College, or

E. B. STEVENS, M. D., *Sec'y.*

DR. W. T. G. MORTON, AND ANÆSTHESIA.—Most of our readers are aware that Dr. Morton, claiming to be the discoverer of the anæsthetic properties of Sulphuric Ether, has labored assiduously for a number of years to obtain congressional recognition and a money appropriation. Thus far he has failed in this plan, but we learn he has succeeded in making some snug draws upon private munificence in various of the chief cities of the Union. He recently visited Cincinnati, made himself very agreeable amongst us; addressed the Academy of Medicine and lectured at the Hospital—all in very earnest support of his claims. In some of these public efforts he certainly made some remarkable statements—as to his early dangers, persecutions, and hair-breadth escapes! At any rate they were new to us, and not to put too fine a point on it, we think the Doctor made himself eminently ridiculous. Dr. Jackson, of Boston, does not hesitate to pronounce several of these stories absolutely without foundation. But then Dr. Jackson divides the honors with Dr. Morton, and is naturally partial. For our own part, we signed the Dr. Morton's testimonial with a sort of mental protest; not quite forgetting some of the points in the early history of "Letheon," "Patent Anæsthesia," etc., but then we thought if the wealth of this city choose to pay tribute to science in this direction, it would be, perhaps, well enough, and be a good habit to cultivate. The fact is, we believe, Wells, Jackson and Morton, were simultaneously engaged in the investigation of some article which should be a safe anæsthetic for dental operations, but whether Morton drew his first suggestions from Wells or Jackson, does not clearly appear.

That they were original with him we never supposed, and the quackery connected with its first introduction will hang to its fame like a Nessus shirt.

CLINICAL AND DIDACTIC INSTRUCTION.—We have no wish to depreciate the importance of clinical instruction. At the bedside, after all, is the place where all our elementary instruction and theoretical views are brought to the touch-stone—and the *practical application* of medical knowledge is what most of us regard as the great important matter. And yet, we think, there is just now growing up a serious mistake in the views of the profession as to the relative importance of didactic and clinical teaching. In the first place, the great mass of Medical students come up to our colleges sadly deficient in the elements; and hence, on the one hand, requiring a full and elaborate didactic training, and on the other, being unfit for properly appreciating hospital advantages; and hence any system of teaching which materially abridges the didactic course for the sake of increasing the clinical, must prove faulty because it abandons a material part of the substructure.

Hence several highly respected Eastern schools are, with praiseworthy motives, endeavoring to increase the clinical attractions of their respective courses, but as we believe with the material objection embraced in the foregoing remarks. In this connection it may be as well to notice the fact that the claims, some of these schools so regularly and prominently enunciate in their circulars, are something ridiculous; thus our friends at Bellevue, annually announce the idea that Hospital instruction as a part of the curriculum was *inaugurated* by their organization! But everybody who reads college circulars knows that the Long Island College, which is the senior school, made the same boast before Bellevue had an existence. The fact is, the blending of these two important parts of medical instruction, is not a new idea in this country. The Philadelphia Schools have always kept the Hospital clinics prominently before the student as a part of his course, only the Staff of the old Pennsylvania Hospital, was never, we believe, a necessary integral part of the school; and nearly all the respectable Medical Colleges of this country have recognized the importance of the Hospital as a prominent part of the means of instruction. In Cincinnati, the whole idea, as *inaugurated* by our Long Island and Bellevue neighbors, was

a part of the great purpose of that wonderful medical genius, Daniel Drake, and in the original constitution of the Medical College of Ohio and the Commercial Hospital—*more than forty years ago*—through his far-seeing policy, the two institutions were, for all purposes of teaching, parts of each other. The Faculty of the College were the Staff, and they controlled its clinical advantages absolutely. As remodeled, this necessary relationship is rejected; but for purposes of clinical instruction there are the same advantages greatly extended.

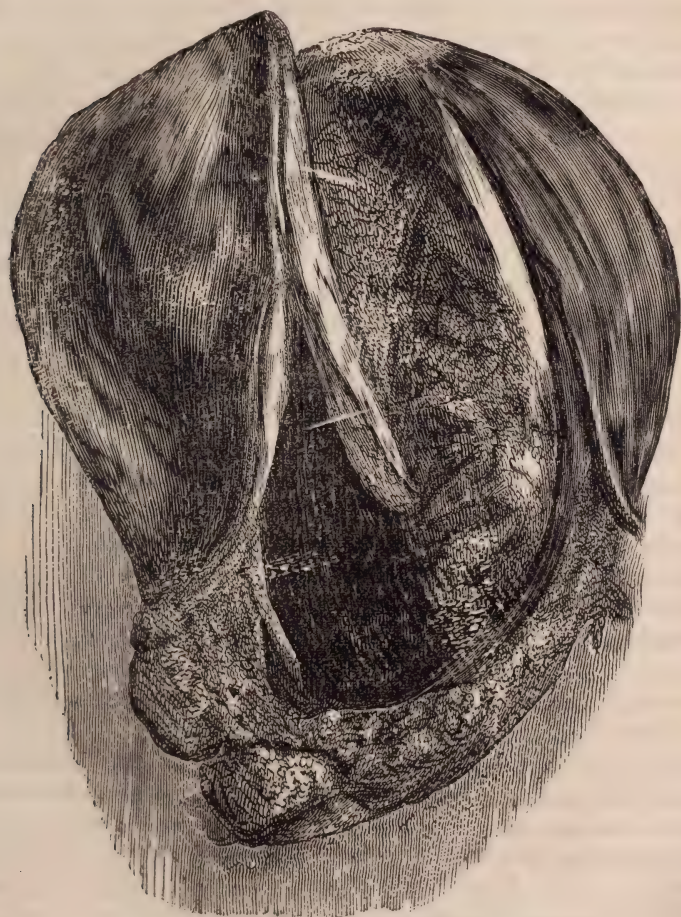
The principal point we insist upon, in the first place is, that in the progress of American plans for medical instruction, the time is by no means at hand when we can abridge the didactic course for the sake of giving increased prominence to the clinical; we feel confident that some of our friends are falling into this mistake.

And then so far as Cincinnati is concerned, we think we can say unqualifiedly, that students have afforded to them *all the clinical opportunities* they can possibly make available. During the present winter clinical lectures have been delivered on four days of the week, devoting from 8 to 10 hours, weekly. We believe this is as much time as can be profitably spared in this direction, without materially extending the course, and we know, personally, that the old Commercial and the Woman's (Branch) Hospital has afforded more material for clinical purposes than could be appropriated.

Hence, in all the field of medical instruction, Cincinnati, as a great commercial metropolis, must steadily increase in importance as a leading medical center, and students will learn that at this center there are accumulating all the essential material for acquiring a substantial practical education in the duties of the profession.

PRIZE OFFERED BY DR. JOHN O'REILLY.—Dr. O'Reilly, of this city, has placed six hundred dollars to the credit of the trustees of the Academy of Medicine, and suggests to that body the propriety of offering this sum as a premium for the best "Essay on the vital or ganglionic nervous system, the oxygen and the blood, and the cerebrospinal nervous system." At the last meeting of the Academy the matter was referred to a special committee, who will report their action in the premises at a subsequent meeting.

OUR APOLOGY.—The photograph drawings—and the tumor itself—illustrating the interesting report of Dr. Wood, printed as the first article of this Number, were all placed in the hands of the engraver before the Christmas Holidays. We waited for the completion of this wood-cut until after the 20th of January, and then in despair, proceeded to work off the Journal. It is given below, and very clearly represents the tumor as removed by Dr. Wood. It will be observed that the tumor occupies *nearly* all the space of the Uterine Cavity, a small unoccupied space remaining at the inferior portion.



Reviews and Notices of Books.

PRACTICAL THERAPEUTICS, considered chiefly with reference to Articles of the *Materia Medica*. By Edward John Waring, F. R. C. S., F. L. S., Surgeon in her Majesty's Indian Army. From the Second London Edition. Philadelphia: Lindsay & Blakiston, 1866. For sale by Robt. Clarke & Co. Price \$6.00.

Having learned to value the original English edition of the handsome volume before us, we were already prepared to greet the American edition of Messrs. Lindsay & Blakiston with very decided satisfaction; and we take great pleasure in commending it to our readers as one of the most convenient and complete works of reference in this department of Medical literature.

We certainly and decidedly object to the author's plan—or rather want of systematic arrangement of topics—as a text book for students; but this very objection, perhaps, renders the work all the more satisfactory for practitioners.

The order adopted in this treatise is essentially the alphabetical arrangement; a sufficiently abundant prefatory chapter, however, treats of all those introductory matters that fit the student or general reader for the better understanding of the context.

In the consideration of each substance the chemistry or botany is concisely stated; then the medical properties and uses in general terms, after which we find a well digested summary of the special therapeutical applications of the particular remedy.

Part Second devotes an hundred pages to the consideration of medicinal agents and classes of medicines; these too are arranged in alphabetical order; as Acids; Acupunctive; Anæsthetics; Baths; Blisters; Expectorants; Gargles; Narcotics; Stimulants, etc. The whole concludes with a double index of diseases with their remedies—and remedies.

We repeat that we commend the purchase of this book with more than usual pleasure. We have had frequent occasion to refer to it for authority, on a great variety of topics and we are rarely disappointed. We like this American edition too better than the original English; it is more comely in proportion, and in all respects quite as elegant in its style.

THE SCIENCE AND PRACTICE OF MEDICINE. By William Aitken, M. D., Professor of Pathology in the army Medical School, etc., etc. In two volumes. From the Fourth London edition, with additions. By Meredith Clymer, M. D., late professor of Institutes, etc., in the University of New York. Philadelphia: Lindsay & Blakiston, 1866. For sale by Robert Clarke & Co. Price, per vol. \$6.00.

Aitken is already, through the English edition of his works, become well known to reading physicians of America, and Lindsay & Blakiston have shown their usual good judgment in furnishing us with so complete and attractive an edition; very closely resembling the English edition, and quite its equal so far as we observe in all respects. We have before us only volume I, the publishers informing us that the second volume is nearly ready, and that it will be furnished with a copious index of the entire work.

Of the present volume, a very considerable portion is occupied in the consideration of subjects in pathology; the relative nature of the terms Life, Health, Disease, etc. Passing from the discussion of these more elementary inquiries, Dr. Aitken takes up more complex questions; as the nature of Fever, in which he particularly enforces the new importance given to thermometry in the study of disease, together with a full description of clinical thermometers, Inflammation, Degeneration of Tissue, change of types in disease, and other important topics embraced in these pathological inquiries. Upon this question of change of type, Dr. Aitken subscribes to the doctrine that there are evident changes in the medical constitution; that while the inherent nature of disease doubtless remains the same at all times, yet modes of life, seasons, epidemics, and the "wears of time," contribute their several influences, modifying the type in which disease manifests itself, and materially affecting the indications for therapeutical agents, and the influence of these agents upon the progress of the disease.

Our author proceeds upon a plan of his own to treat of groups of individual diseases; we need not enter upon a review of these, as the opinions of our author will be largely consulted in detail by practitioners. We only remark that, when complete, these volumes afford a very full encyclopedia of views upon the pathology and therapeutics of disease.

The American edition of this work comes out under the super-

vision of Dr. M. Clymer, of New York, late Professor of Institutes and Practice in the University of New York. In his preface, the American Editor very modestly says: "no attempt at editing this edition of Dr. Aitkens' Science and Practice of Medicine has been made. Its completeness within the author's scope, the size of the original work, and the little time allowed during its passage through the press, forbade any such purpose." Nevertheless, we notice that some additions have been made; many of them notes in connection with the text of leading articles. Brief articles have also been given upon a number of important topics, either overlooked by Dr. Aitken, or not deemed by him consistent with his original plan. But the intelligent reader will at once recognize the propriety of introducing articles upon Aphasia, Cerebro Spinal Meningitis, the Sphygmograph, the use of Atomized Fluids in the treatment of diseases of the respiratory organs; these omissions Dr. Clymer has properly supplied.

As already remarked, this American edition is issued in a style fully equalling the attractive appearance in type and paper, of the English original; and where necessary, appropriate wood-cut illustrations are given. We look forward with interest to the issue of the second volume, completing the work, which is promised us by the publishers at an early day.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE: designed for the use of practitioners and students of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital, etc., etc. Second edition, revised and enlarged. Philadelphia: Henry C. Lea.—1867. For sale by Blanchard & Co. Price, sheep, \$7.50; cloth, \$6.50.

It is scarcely a complete year since we welcomed the appearance of the first edition of Prof. Flint's Practice of Medicine. We have already placed on our table this second edition, and learn that the first was exhausted in four months after its publication.

In the present edition the author states that "the portion treating of Pyemia has been re-written; those affections, omitted in the first edition, have been introduced, viz: Epidemic Pertussis, General Cerebral Paralysis, and Polyuria; Epidemic Cholera has been considered at greater length. The thermometric phenomena

of disease have received fuller consideration, and in connection with many affections there has been added new matter, much of which relates to special therapeutics."

We have so recently recorded our hearty commendation of this American book, that we do not deem it necessary to extend this notice.

AN INTRODUCTION TO PRACTICAL CHEMISTRY: Including Analysis.

By John E. Bowman, F. C. S., late Professor of Practical Chemistry in Kings College, London. Edited by Charles L. Bloxam, F. C. S., Professor of Chemistry in Kings College, London. One hundred and seven illustrations. Fourth American, from the Fifth Revised London Edition. Philadelphia: Henry C. Lea—1866.

This little manual is what it purports—a practical hand-book of chemical manipulations; and a glance at its arrangement suffices to show its exceeding convenience as a guide in experimental and analytical Chemistry. The work is already well known, and we merely take this occasion to announce this new edition.

Obituary Notices.

DIED in this City, on the 6th of December, ult., Mrs. MURPHY, the aged mother of one of the editors of this Journal. She had long been a sufferer from organic disease of the heart. Mrs. Murphy was a remarkable woman; of earnest, practical, good sense; a good christian woman and a tender, affectionate mother.

DR. HORACE GREEN, L. L. D., died Nov. 29th ult., at Sing Sing, New York, aged 64 years. Dr. Green was a member of the Medical Society of the County of New York, Fellow of the New York Academy of Medicine, and, up to its discontinuance, President and Emeritus of Theory and Practice of Medicine in the New York Medical College. The name of Dr. Green is more prominently associated with the treatment of diseases of the throat and air passages, upon which topics he published several important papers and monographs. Especially prominent were his claims for the value of topical medication of the larynx

and bronchial tubes by the introduction of the probangy; claims which at one time called forth animated discussions and reports from the New York Academy of Medicine.

DIED, in Paris, Oct. 6th, of diabetes, aged 77 years. M. ROSTAN, Professor of Clinical Medicine, and one of the most celebrated physicians of the French capital. M. Rostan was at the head of that school in France, which referred all diseases to organic changes. He was the great rival of Broussais, and has enriched our science with many useful works. As a lecturer he was a great favorite, and retained his popularity with several generations of students.

AT NICE, Nov. 9th, 1866, M. NATALIS GUILLOT, Professor of Clinical Medicine in the Faculty of Medicine of Paris.

AT SYDENHAM, of pleuro-pneumonia. GEORGE HILARD BARLOW, M. D., one of the physicians at Guy's Hospital, aged 60 years.

The list of physicians who have fallen martyrs to their devotion while succoring the sufferers from the cholera, is a very long one. Vienna has lost M. le Baron Wattman-Beauliere, Surgeon to the Emperor, Dr. Franz Lihartzik, Dr. J. Weidinger, and Dr. Frese, Emeritus Professor of Zoology in the University. Leipzig has lost Dr. G. Gunther, chief of the surgical clinic of the hospital of that city. Breslau has lost Dr. Klopsch, distinguished by his writings on orthopaedy. In the short German war no less than eleven physicians died from cholera.

The death is announced of Lady Holland, the wife of Sir Henry Holland, and the favorite daughter of Sidney Smith, no small portion of whose brilliant wit and literary power she inherited.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

VIVISECTION.—An abstract of Professor DALTON's paper read before the New York Academy of Medicine, is taken from the *New York Medical Journal*. It is prepared in reply to certain officious intermeddlings of some New York humanitarian society, for the prevention of cruelty to animals :

Dr. J. C. Dalton read an address on the subject of Vivisection, as practiced in connection with physiological experiments and as a means of discovery in the various departments of medicine and surgery. Both the propriety and the usefulness of vivisection have been called in question of late, in various quarters, and the address of Dr. Dalton was intended as an examination of the whole matter, with a view to free the subject from misconceptions and to show what is its true value as an adjuvant in medical progress. The term vivisection was retained, as being a concise and convenient appellation, although not exactly a correct one. Etymologically, the term vivisection implies the employment of cutting operations upon living animals. But in reality cutting operations do not always form a part of modern physiological experiments, since it frequently happens that the nature of the experiment does not demand or admit of them—the animals being subjected, instead, to the respiration of particular gases, the action of drugs or medicines, of peculiar kinds of food, or of ligatures, galvanism, compression or caustics. The subject of discussion, therefore, was not vivisection in its narrowest sense, but the whole subject of *experimentation on living animals*, no matter what the special means employed might be; for all the advantages derived from this method, as well as the objections made against it, depend on the fact, not that the experiments are made with or without cutting operations, but simply that they are experiments performed upon living animals.

Having settled the nature of the subject under discussion, the address took up the objections which have been made against it, and considered them in succession. These objections are mainly three in number, viz :

- 1st. That the experiments upon living animals are cruel ;
- 2nd. That they are deceitful ; and,
- 3rd. That they are useless.

The first objection, viz., that of cruelty, which has been much insisted on, arises mostly from ignorance of the manner in which physiological experiments are actually conducted. It is easy for sensational writers, who are not themselves acquainted with the

subject to draw exaggerated and even false pictures of the sufferings of animals under the physiological experiment. But for any one at all familiar with the practice, it is evident that pain, so far from being a desirable or necessary element in such experiments, would be, in ninety-nine cases out of a hundred, a difficulty in the way of the experimenter, and, even apart from motives of humanity, it would be for his interest to avoid it. Accordingly, it is only a very small proportion of physiological experiments, in point of fact, into which pain enters at all as a necessary or allowable element. Cutting operations in particular are rendered painless, in nearly every case, by etherization of the animal; and this etherization is useful, both by relieving the animal from suffering, by removing one disturbing element in the experiment, and by enabling the experimenter to perform the necessary operation more easily and conveniently. In the single class of cases where etherization cannot be used, viz., where the sensibility of particular nerves or nervous centres is the object of investigation, the amount of pain is practically reduced to very narrow limits, owing to two causes: first, because in a large proportion of these cases the nervous tract experimented on is found upon examination to be insensible instead of sensitive; and, secondly, that when it is sensitive, this fact does not require any torture of the animal, nor the infliction of any excessive pain, to establish its existence, but only so much impression as will produce the evidences of sensibility.

The greater part of the address was occupied with a detailed history of the various important discoveries in physiology and other departments of medicine, showing that, in point of fact, experimentation on living animals has not proved deceitful nor useless, but that, on the contrary, all our most valuable knowledge in physiology, and much of that in practical medicine, surgery and hygiene has been derived from this source. It is a great mistake to suppose that this method of experimenting is a new thing. It is more than seventeen hundred years old, for Galen, who gave the first decided impulse to medicine as a practical science, was also the first who was accustomed to experiment intelligently on living animals; and since his time, the periods at which medicine has more particularly advanced have been exactly those periods at which this kind of investigation has been most assiduously employed. The greatest physiological discovery of all, viz., that of the circulation of the blood, was accomplished, as we all know, by Harvy, directly through the means of experimenting upon animals; and all the details of the movements and functions of the heart, the action of the arteries and the returning current in the veins, were successfully ascertained by him by continued personal inspection of these parts, while life was going on.

All our knowledge of the nature and mechanism of respiration was obtained in the same way: by the experiments of Sir Robert Boyle with the air-pump on kittens, birds, frogs, snakes

and insects; those of Bernouilli upon fish in water deprived of atmospheric air; of Mayow and Priestly on air vitiated by continued respiration; and especially by those of Lavoisier on the composition of the atmosphere and the changes which it undergoes by the respiration of animals. Many other details in regard to the respiratory process have since been discovered by continued employment of the same means; but the main facts were established at that time, and our real knowledge of the function of respiration dates from Lavoisier, as that of the circulation dates from Harvey.

Among the more practical results of experiments on animals alluded to in the address was the operation of *Transfusion of the Blood*. The history of this operation is somewhat peculiar. The earliest form in which the idea of transfusion presented itself was that of injecting into the blood vessels certain medicinal agents. This was first done in England about the middle of the seventeenth century, under the auspices of Sir Robert Boyle, at which time the feasibility of this operation was established, and it was shown that a solution of opium might be injected into the blood vessels of a dog, and thus produce a narcotic effect upon the brain without killing the animal. These researches were followed by the experiments of Richard Lower, on the transfusion of blood from the vessels of one animal into those of another. His first experiments were done in 1665, and were reported by Mr. Boyle to the Royal Society in the following year. The experiments consisted in placing a ligature upon a dog's carotid artery, opening the vessel below the ligature, and inserting into it a quill of proper size to serve as a canula; this canula was then connected with the jugular vein of another dog, so placed as to receive the blood coming from the carotid artery of the first in a direction to pass downward to the heart, and so mingle with the mass of the circulating current. The jugular vein of this dog was then opened above the insertion of the canula, and he was allowed to bleed from it; the blood lost in this way by the second dog being replaced by that which was transfused from the vessels of the first.

The experiments were quite successful, and first showed that death from hemorrhage might be prevented by transfusion.

These results soon led to the idea of performing the same operation on the human subject. This was first done in France by a physician and surgeon named Denis and Emmerets. They were led to believe that the operation might result in the cure of diseases, by introducing healthy blood from a foreign source into the veins of the patient; and some apparently successful results of this kind excited among the profession great enthusiasm in its favor. But these expectations soon proved unfounded, and several cases of failure afterward produced so much reaction against it that in 1668 the Parliament of Paris passed a law forbidding the operation to be performed except by consent of the Faculty.

The matter remained in this condition until 1818, when Dr. James Blundell, of London, brought back the operation to its original object, applying it, not to the cure of diseases, but to the preservation of life after exhausting hemorrhage. He also discovered and exposed the principal error in the previous mode of doing the operation, viz., the use of blood of animals of a different kind, instead of those belonging to the same species.

He performed thirty-three experiments on animals, and showed by them—

1st. That dogs, exhausted by hemorrhage, may be resuscitated even after stoppage of the respiration, by injecting the blood of other dogs.

2nd. That human blood injected into a dog in a large quantity, sufficient to replace an exhausting hemorrhage, though it produces a temporary reanimation, does not save life, but the animal dies some hours afterward.

3rd. That transfusion of blood in animals of the same species will be successful, whether the blood used be arterial or venous.

4th. That blood may be received into a cup and passed through a syringe without being thereby rendered unfit for the purposes of life.

The transfusion of blood thus placed upon its proper footing, and still further improved by the investigations of Prevost and Dumas, Milne-Edwards, Dieffenbach and Bischoff, was adopted by the profession, and is now known as an established and useful operation, applicable to cases in which an exhausting hemorrhage in a healthy person has brought the patient to the point of death. In these cases it has been long known, as mentioned by Blundell, that there is an interval, often of several hours, during which the patient is evidently sinking, and when other means of restoration are no avail. Berard has recorded fourteen such cases, in which the operation saved the life of the patient. Two successful cases are also recorded in *British and Foreign Medico-Chirurgical Review* for July, 1857; one by the late Professor Brainard, of Chicago, in the *Chicago Medical Journal* for February, 1860, and one in this *Journal* for November of the present year.

The history of various other investigations and discoveries was given in a similar manner, viz., that of artificial respiration, by Robert Hook; of the principal functions of the nervous system, by Charles Bell, Magendie, Flourens, Legallois, Bernard and and Brown-Sequard; of the operation for aneurism, by John Hunter; of the office of the periosteum in the restoration of bone, by Du Hamel, Syme, Wagner and Ollier; of the nature and treatment of serpent bites, by S. Wier Mitchell; and of the pathology and origin of tape-worm and trichinous disease, by Siebold, Leuckart, Kuchenmeister and others. All these results, as well as a multitude of other details, by which our knowledge of physiology has been enlarged, and by which many facts of the most practical bearing have been introduced into medicine and

surgery, show the real usefulness of experimentation upon living animals. The truth is that many of the discoveries which have been made in this way are so important and fundamental, have become so incorporated with the general mass of medical knowledge, and are now so completely a part of our scientific patrimony, that we are apt to overlook the source from which they have been derived, and to forget the real magnitude of the debt which practical medicine owes to experimental physiology.

POISONING BY ARSENIC THROUGH ACCIDENTAL IMPREGNATION OF WATER. By JAMES V. BELL, M. D., &c.

A group of cases, which came under my care in March last, illustrates a source of possible danger to farm servants in careless stowage of drinking-water.

On March 10th, I was sent for into the country to see a shepherd's family, who soon after tea were seized with symptoms of irritant poisoning, in a mild degree, "sickness and burning at the stomach," as I was told by the messenger. I could not go very well that evening, so sent emetics and ammonia directing them to send again, if necessary. The next day I was sent for to see their neighbors—a blacksmith and his wife—who were both ill in bed with vomiting, purging, pain in stomach and limbs and sense of exhaustion. I found that they had had some sickness and pain in the pit of the of the stomach, for two or three days; but on the previous evening had taken largely of tea, and had been seized with much more violent pains, retching and purging. Their tongues were loaded with fur, and had morbidly red edges; pulses, that of the man especially, fluttering and rapid. They could not sit up in bed without difficulty, and had frequent retching.

What was the cause of these symptoms? That they were aggravated by tea-drinking, and that the water only was the same for both houses, made me think that this must be the vehicle of the poison. They had procured, they said, the water from the same place they always did, and could think of no way in which it could have been poisoned. The date of the first bad symptoms was that of the last bucketful of water used. Had the pail been employed for any other purpose? Now they remembered they got a fresh supply of water before the other pail was empty; and one of the number recollected that some sheep-wash had been in the pail, "but it had been rinsed out since." Pouring the water away and looking at some from the bottom of the bucket, I found a white sediment, which on being tested was discovered to contain arsenic. I had directed the shepherd to ask his employer if there was arsenic in the sheep-wash, and he told me on the next day what I had already found out by testing.

The shepherd's family soon recovered, but the blacksmith and his wife were very ill for a fortnight with gastritis, conjunctivitis

&c. It was more than a month before the man could walk about, and twelve months before he could any do work. The pains in his limbs were violent for some time and afterwards he could only walk unsteadily with a stick for months.

The treatment consisted of a sulphate of zinc emetic, followed by hydrated sesquioxide of iron and carbonate of magnesia, subsequently iodide of potassium for about three months, and then galvanism. His improvement was very slow, and now he is a very different man from what he was previously.—*London Lancet.*

BATHS IN THE TREATMENT OF DISEASE—RHEUMATIC FEVER.—

CASE I. John B., Newmarket, aged 30, employed at the gas works, was attacked in November, 1865, with rheumatic fever, and was bedridden several months. He gradually recovered, and in April attempted to return to his work, but after a very few hours found himself quite unable, and had a severe relapse in consequence of his effort to do so. The pains were most severe all over his body and limbs, and his joints became so rigid he was scarcely able to walk. He was ordered to take the improved Turkish Bath at 120°, with feet in hot mustard and water, followed by the warm douche and partial cold douche, twice a week, and tepid followed by cold sheet every morning at rising, and a mild dose of antacid saline three times a day.

After the first bath, all pain and much of the stiffness left him. While in it, he perspired most freely. The perspiration had a very peculiar sour smell and highly acid reaction. A bath was given every third or fourth day, gradually raising the heat to 160° and the cold douche prolonged. After a few baths he was able to walk with comfort six miles at a stretch. He was much improved in health and appetite, and is quite free from pain, and enjoys the bath.

The effect of the bath in improving the firmness of the muscles and healthiness of the skin was remarkable. His general health and appetite are also very much improved.

The baths were continued with slight modifications for three weeks. At the end of that time he was quite well, and returned to his employment, where he has continued ever since.

CASE II. *Rheumatic Fever.*—C. F., aged 35, laborer, near Newmarket, had, ten years since, a severe attack of rheumatic fever. He was bedridden and helpless for months, suffering the most violent pain. It took him nearly a year to get over it.

The present attack came on in the beginning of May, 1866. It began with rigors, and great heat and thirst, restlessness, followed by severe pains attacking all the joints with such extreme tenderness that the slightest motion was attended with intolerable anguish. The joints were puffy; the tongue covered with white fur; pulse sharp and incompressible; urine scanty; bowels torpid; the skin was covered with unctuous perspiration of peculiar

acid odor. Examination of the heart showed that it had been implicated in a previous attack, accounting for the occasional fits of numbness to which the patient was subject.

The portable hot air bath was ordered, with a magnesian saline aperient. The patient was kept in the bath twenty minutes, at the heat of 120° , and perspired very freely, the perspiration being most pungently acid. He was sponged over with warm water under sheets, and got quickly into a warm bed. He was ordered to be carefully spunged over with warm water night and morning, care being taken to uncover only part of the body at a time. He felt none the worse for the bath; and on the next visit his pulse was found to be softer, the kidneys and bowels acting freely; all the signs of acute inflammation had subsided, and he had slept well; he was perfectly free from pain, and had partly recovered the use of his limbs. After a week, a second bath was given, and his improvement was so rapid that in a few days he was able to get out of doors, and expressed himself highly delighted with the treatment and result. He has continued to improve, and is now suffering from debility only.

Remarks.—In this case, the debilitated state of the patient, and the injury to the heart from the former attack, rendered imperative the greatest caution in the use of the bath; therefore it was only used for a short time and at long intervals. The result shows that, even where the heart has previously sustained injury, its use is perfectly safe—indeed, tends to ward off disposition to cardiac affection. The patient's blood was loaded with morbid poison, which Nature was seeking to eliminate by means of the skin and kidneys. By the assistance of the natural powers of these organs afforded by the bath, more poison was eliminated in a day than, without its help, could have been thrown off in a month; hence the disease was enabled to run its course quicker; and, instead of the sufferer being in agonizing pain for weeks and slowly recovering, his sufferings were speedily terminated, and a cure effected in Nature's own way.*

A gentleman, now in the most robust health, some years back, when reduced to an almost hopeless condition, was cured by similar means in a very few weeks, after all other remedies had failed, and may be referred to, so satisfied is he of the value of the means which he justly says "saved his life."

CASE III.—On Monday, May 16th, 1866, at 10 A. M., Dr. Mead was requested to visit a stable-lad in Newmarket, who had been for a day or two complaining of pain and difficulty in swallowing, for with a saline mixture with acid gargle has been used.

There were redness of the velum, uvula and fauces; restlessness and anxiety; difficulty of deglutition, each attempt being attended with sharp cutting pain; the act of inspiration was protracted, whistling with throttling noise. The voice was a hoarse whisper; the countenance anxious, ghastly; the eyes protruded;

*The apparatus used was invented by Dr. Mead; it is portable, and, by a very simple contrivance, allows a ready adjustment to the heat.

there was a painful sense of suffocation. The cough was harsh, stridulous and husky. There was great tenderness of the laryngeal cartilages, which were painful on pressure. Pulse 120, hard; skin hot and dry.

The patient was stripped, placed in a chair, and enveloped in blankets, with his feet in hot mustard and water, and hot fomentation-cloths around the throat, and, by means of the portable apparatus, subjected to a heat of 130° Fahrenheit. After about ten minutes, copious perspiration was caused, with feeling of sensible relief. After ten minutes longer, he was placed upright in a shallow bath and drenched with tepid water, enveloped in dry sheet, rubbed dry and put into a warm bed; when the pulse was found to be 90, the pain nearly gone, and the breathing easier. He swallowed some aperient medicine with very little difficulty.

At the evening visit the pulse was 80; skin moist; bowels not opened. He was ordered to take two aperient pills and saline mixture every four hours.

May 17th.—He had a good night. The bowels acted early in the morning, without pain. Pulse 80; skin moist. He took soft food readily, swallowing without difficulty.

May 18th.—He continued to improve, and by the end of the week was able to resume his employment.

Remarks.—This treatment and its success will bear most favorable contrast with that recommended by any medical author. It afforded immediate relief. In less than two hours the patient might safely be pronounced out of all danger. The rapid recovery that ensued was owing to Nature's vital powers not having been sapped by violent bleeding or strong mineral medicine. A physician, subject to sudden and violent attacks of this dangerous disorder, has several times obtained immediate relief in this manner; and there is no doubt that, if laryngitis be treated thus, a fatal issue is almost impossible.—*British Medical Journal*, Sept. 22, 1866.

ON a cold night recently, Dr. WHITBECK, of Hudson, N. Y., slipped upon the icy side walk, and falling down, dislocated his ankle. He could not get up again, and would probably have lain there all night had not a horse which had got loose from a stable come noising around where he lain. Seizing the animal by the head he was enabled to raise himself to his feet, and he then managed to get on the horse's back and ride him to his office, without saddle or bridle.

THE *Boston Med. and Sur. Journal* states that a French physician recently became the legatee of the great bulk of a distinguished patient's fortune, but the French tribunal has decided that doctors who have attended a person for the illness of which he dies, are incapable of receiving any legacy made in their favor during the progress of that malady.

PRACTICAL SURGERY.

CLUB FOOT, OR TALIPES.—The deformity of club-foot is disfiguring and often painfully distressing. The subject may, therefore, well come under discussion. No deformities of the human frame, perhaps, seem to be more simple and easy of remedy than this, if correct anatomical and physisiological views are carried out. I therefore submit them for the profession to consider dispassionately, especially as sufficient attention has not been paid to this class of sufferers at the earliest period of life, before the present surgical operations of cutting are resorted to.

It appears to me that this deformity is evidently the result of a greater mechanical power of muscles overcoming a lesser power of muscles, thereby causing contraction of several tendons at the further extremity of muscles. Also, that the deformity is not detected before muscular action is, or should be, established for the purpose of walking. We thus see the beginning of the deformity at the earliest period of life; which can easily and readily be treated with success in the course of three or four weeks on each foot—instead of employing years under the iron system, or months under the plan of division of the tendons with the knife and extension of the tendons with a curiously contrived instrument. Experience, the best teacher, in three or four cases, has supplied this desideratum by the use of tin plate splints and leather strap, which were invented by myself, to fit any and every part of the body.

The object of these appliances in club-foot is to overcome the action of the gastrocnemii and other muscles and flexors of the foot and toes, which draw up the heel and bring the toes to bear on their upper and outer surfaces, according to the severity of the case. By fitting these splints to the calf of the leg, heel and ankles, and fastening them by the aid of the leather strap, and keeping them constantly applied for three or four weeks, thereby giving time for the weaker muscles to gain strength and their tendons to elongate, prevention of club-foot is effected; and the cure is thus accomplished in bringing the sole of the foot to bear flat on the ground with little or no pain to the patient.

It should be observed that at two years of age hitherto much difficulty has arisen how to assist nature, when some surgeons occasionally recommend well padded wooden splints, whilst others recommend the use of irons that are manufactured by surgical instrument makers to be applied on either side of the leg, extending from the knee to the ankles, and fastened by a hinge at the ankles into a stiff made shoe. The latter is directed to be removed at night; and it is obvious that neither one nor the other plan can oppose specially the action of the gastrocnemii and other muscles, and the removal of splints at night would give those muscles full power of action, and thereby greatly undo the

previous day's work. It also frequently occurs that such mechanical contrivances cause very painful and troublesome sores, obliging them to be left off for a time.

In stating this brief plan of practice, though omissions may be made, yet it will, I think be allowed that a vast field for improvement is evidently opened for others to work in, to relieve human sufferings. Only picture the patient undergoing the severe torture of the division of one or more tendons, and their extension by means of the tightly adjusted instrument employed for months to keep the foot in a proper position for walking after the division of the tendons, and the sympathy of every one must be excited. Although the operation has been in vogue some twenty-five years, we should not hesitate to put forth other plans, when such difficulty in procuring relief still exists.

The primary or remote cause of club foot may be ascribed to dentition, or some other infantile disease affecting the nervous system. It will be allowed that the joints of infants can be adjusted easily to any necessary form without distress to the patient and that an early habit of exercising muscular action can be also safely and advantageously maintained without injury. Consequently waiting until the child is six or seven years old before mechanical means shall be adopted, would be attended with much more difficulty and pain. These considerations of themselves would direct us to immediate treatment at two years of age, when the deformity always first shows itself. As no disease exists in the joints, we have only to attend to the mechanical action of the muscles and extension of their tendons.

The various forms of talipes are produced by the same cause—viz: contraction of the tendons—which have been often treated unsuccessfully with the iron system and ultimately have been divided with the knife, and the limb has been kept in proper position for walking by means of an instrument to elongate the tendons; whereas the adoption of the simple and painless remedy I have above suggested, would obviate entirely the necessity of resorting to either of these plans, attended as they must be with severe and protracted torture. The cases above referred to in my own practice can be given to any one who may require them.—*British Medical Journal*, Aug. 11, 1866.

ON THE USE OF A SPIDER'S WEB AS A STYPTIC.—On one or two former occasions I have written something on the use of the spider's web as a styptic in cases of excessive hæmorrhage after extracting a tooth. I now wish to add the result of my experience in another case. I do it with the hope and belief that it may be an essential service to some of my professional brethren, and perhaps to some of their patients. It may be thus serviceable on two accounts. First, it can always be obtained, and everywhere, sometimes when other more popular remedies cannot

so readily be obtained; and second, because in my hands it has proved efficient where everything else has failed.

About a year ago, a man about eighteen years of age, came to my office to have a lower molar tooth extracted. I examined the tooth, took my forceps and extracted. The operation required rather less force than usual. The tooth came out entire, and clean, and with no laceration of surrounding parts, except the necessary severing of the periosteum. But from the first blood flowed more freely than usual. I directed my patient to rinse his mouth with cold water, which he did considerably longer than the usual time of the flow of blood in such cases, but with no diminution of its flow. I then applied tannin on pledgets of moistened cotton, filling the socket with them. After repeating this application two or three times, the bleeding ceased, and he left. In about three hours after he returned, bleeding as profusely as ever. I then filled the socket from whence the tooth came with cotton saturated with perchloride of iron. This I repeated several times, with a delay of a few minutes between the applications, without any apparent effect. I next applied the persulphate of iron, full strength, in the same manner, and with no better result. Finally, I procured some spider's web, with which I filled the socket, as I had before done with the cotton, when—I need not say that I was gratified to see—the bleeding stopped almost immediately, and there was no recurrence of it.—*Dental Cosmos*.

ON THE REDUCTION OF THE SUBCORACOID DISLOCATION OF THE HUMERUS BY MANIPULATION. By ALEXANDER GORDON, M. D., Professor of Surgery, Queen's College, Belfast.

The following simple, easy, and effectual mode was successfully tried in nine cases. If the right shoulder is dislocated, the patient is placed on his back, with the shoulders raised. The operator, standing on the same side and raising the elbow, grasps the lower end of the right humerus, the thumb on the inner with the fingers on the outer side, the forearm lying flexed at an acute angle, resting on the web between the thumb and fingers. He raises the arm upwards and forwards, so as to place it at right angles with the surface on which the patient is lying, the patient being told, at the same time, to let the limb be supported entirely by and rest upon the left hand of the operator, who, with his right hand, feels for the head of the dislocated humerus, and presses it downwards and outwards, either through the anterior wall of the axilla or in the axilla, moving at the same time, with his left hand, the lower end of the humerus upwards and backwards, with rotation chiefly inwards. At this time occasionally a snap or jerk is felt, caused by a change of position in the head of the bone, for in depressing it, it is freed from the coracoid process, and the supra and infra spinati muscles, being on the stretch, jerk it outwards to the anterior border of the glenoid fossa.

When in this position, with the fingers in the axilla, almost the whole of the upper articular surface of the humerus can be felt, which should now be pressed outwards and forwards; in other words, the head of the bone is lifted over the head of the inner margin of the glenoid cavity—the left hand assisting by rotation and very slight extension when necessary—which it enters with a distinct snap.

This manipulation consists of three steps. (1) Elevation and adduction of the arm, the forearm being flexed. (2) Depression of the head of the bone, and freeing it from the coracoid process.

(3) Lifting and pushing the head of the humerus forwards and outwards, so as to enable it to rise over the inner margin of the glenoid fossa

Dr. Gordon is convinced that this method will be found almost as successful in other varieties of dislocations of the humerus. In two cases, where the head of the bone lay internal to the coracoid process, and almost an inch below the clavicle, he raised the arm and depressed the head of the bone. It was deeply lodged in the subscapular fossa, though not so low as the lower margin of the glenoid fossa. Neither by pressing the elbow outwards with the left hand, nor with the right in the axilla, could the head of the bone be sufficiently raised to free it from the inner margin of the glenoid cavity. An assistant was directed to pull gently upon the arm, and very moderate extension permitted the head of the bone to be raised and put into place.

Dr. G. believes that the resistance to reduction is due rather to the fibrous structures than to muscular tenacity.—*Brit. & Foreign Medico-Chir. Review.*

ON THE EMPLOYMENT OF GALVANISM IN PROMOTING THE CICATRIZATION OF SLUGGISH SORES.

Mr. Nunn, of the Middlesex Hospital, reports four cases, in which the interrupted galvanic current was used with advantage, healthy action following its application. He has not found, in treating chronic ulcerations, that it is of moment whether the continuous or interrupted current be employed. He says that he has often used Pulvermacher's galvanic chain in obstinate sinuses with advantage.—*London Lancet.*

INOCULABILITY OF TUBERCLE.—In the *Gazette Hebdomadaire* we have a continuation of M. Villemain's researches as to the inoculability of tubercle. In rabbits he has again and again succeeded in reproducing in this manner, not only when taken from the human subject, but still more rapidly when derived from the cow; farther, the tubercular matter thus produced in one rabbit could be in the like manner transmitted to another, in the same way as syphilis.—*Medical Times and Gazette*, Nov. 24, 1866.

OBSTETRICAL PRACTICE.

MONTHLY PERIOD OF INFECUNDITY.—We have received from Dr. Avrard, a physician at Rochelle, an interesting little work, printed at Bordeaux by Gounouilhon, entitled "Generation and the duration of Pregnancy in the Human Race." The object of this work is to determine with almost mathematical precision, "when fecundation is possible in woman, and to assign a limit of time in the menstrual cycle to the generative faculty."

The determination of this law forms the subject of the first part of the pamphlet before us; in a second part the author treats of pregnancy, and inquires into the possibility of recognizing its commencement, of determining its duration, and of assigning to its termination a physiological period.

The theory of M. Avrard concerning the moment when fecundation takes place, is no other than that of M. Pouchet, *verified, completed and determined* in its mode and phases. "Fecundation," says M. Pouchet, "presents a constant relation with menstruation; also, in the human race, it is easy to determine exactly the intermenstrual period when fecundation is physically impossible, and that when it can offer some probability." By observation he endeavors to gain a confirmation of this assertion; to establish upon a solid and scrupulously exact basis the duration of the intermenstrual period, during which fecundation can alone take place; and to fix, as well as possible, the limits of this period.

M. Avrard, after having learnedly related and discussed the facts which seem to him calculated to throw light on the question, arrived at the following conclusions:

(1) The cycle of generative functions lasts twenty-eight days. It is divided into three periods of unequal length, which the author calls *menorrhagic, generative* and *hypnotic*.

(2) Menstruation returns normally every twenty-eight days, starting from the accession of the courses. Its duration is indefinite.

(3) A certain time elapses, most frequently, and perhaps always between the end of the courses and the beginning of the generative period; this time the author calls the *interperiodic phase*.

(4) The generative period ends always the fourteenth day after the beginning of the courses.

(5) It has been shown by an observation of fifteen years, and resting to-day upon thousands of facts with proof and counter-proof, that woman is physiologically barren during fifteen days in twenty-eight; that is to say, after the fourteenth day, commencing with the appearance of the courses, till the end of the following period.

M. Avrard does not admit, as does the Professor of the Obstetrical Clinic at Paris, the possibility of impregnation during the period of the courses.

In the second portion of his work the author maintains, contrary to the opinion of M. Mattei, that parturition at natural term, coincides neither with the ninth or tenth catamenial period; but is effected always 270 days after impregnation, whatever be the moment (often difficult to determine) of the generative period when the woman was impregnated. This normal limit can be exceeded, which is rare, or not be attained, which is common enough.

We regret our inability to analyse more at length this very attractive work of a distinguished observer, where are treated with so much taste and talent questions of the highest interest, as regards midwifery, legal medicine and hygiene, and also in a still more important respect. In short, far from considering the popularization of the physiological fact of which he treats as necessarily involving immoral results, a very learned theologian, to whom the author had submitted the question of temporary infecundity, has thought on the contrary that, man being free to use marriage, if not *as* he pleases, at least *when* he pleases, many men being prevented on prudential grounds from cohabitation, through fear of a too numerous progeny, will hereafter be able, thanks to the doctrine of temporary infecundity, to allow themselves in all security *complete, normal* and consequently *lawful* intercourse; without which, in the opinion of moralists, economists and physicians, domestic happiness can not exist.—*Jour. de Med. et de Chir.*, Nov., 1866.

TREATMENT IN PLACENTA PRÆVIA. — Dr. Greenhalgh first alludes to the great mortality in cases of placenta prævia, both to mothers and children, 1 in $4\frac{1}{4}$ of the former and about two-thirds of the latter, which he attributes mainly to the severe and repeated hæmorrhages, to the delay in effecting the delivery, and to the mode of turning usually resorted to in these cases. He then gives the history of twenty-four cases occurring in his own practice, and refers to statistics to show that the expulsion of the child generally takes place before the full period of utero-gestation, premature labor being the rule and not the exception; that nature, unaided, frequently terminates the delivery with safety both to mother and child; that complete and partial artificial separation of the placenta before the birth of the child has failed in many cases to arrest the hæmorrhage; and that these modes of practice and turning had proved most unsatisfactory. A close observation of the way in which nature terminates these cases with safety to mother and child is insisted upon, and the result of his observations enables the author to recommend the following plan of treatment: First, that in case of hæmorrhage, whether profuse or not, occurring after the second month of utero-gestation, and ascertained to be due to placenta prævia, artificial premature labor should be induced at once, or as soon as the patient's condition will admit of it. Secondly, that in order to effect this without hæmorrhage, an air-ball, covered with spongio-piline,

should be passed empty into the vagina, and then inflated so as effectually to fill the passage, while a bandage is placed firmly round the abdomen, and ergot and borax are to be administered in repeated doses. Dr. Greenhalgh concludes by strongly condemning the use of hæmostatic remedies, by which he is convinced that many lives are lost. In the discussion which followed, Dr. Barnes objected to the use of a *vaginal* plug. It acted by exciting uterine contractions if the uterus was excitable; but in the worst cases the uterus was paralysed, and in these the plug was useless. If, in combination with rupturing the membranes, the placenta was detached from the cervical zone, the *cervix* then artificially expanded by means of his *cervical* dilators, and the bimanual mode of version, as practised by Dr. Hicks, resorted to, a much greater measure of success would be obtained than by any other special method.—*Year-Book of Med. & Surg.*, 1864.

ON A NEW MODE OF TREATING EPITHELIAL CANCER OF THE CERVIX AND ITS CAVITY. By C. H. E. Routh, M. D.

The author, after referring to the able papers of Mr. Moore on Cancers, said that the use of bromine as a local agent was first suggested to him by his colleague, Dr. Wynn Williams. Dr. Routh then related two cases admitted under his care at the Samaritan Hospital. In the first, the patient was thin, pale and haggard, losing blood continually. There was a mass of fungoid epithelial growths, taking their origin from the os uteri, and about the size of an egg. The actual cautery was used to check the bleeding, and after the slough had come away a solution of bromine, five minims, to fifty spirits of wine, was used. A piece of lint, the anterior surface of which was well saturated with the solution, was applied to the uterine diseased surface, and kept *in situ* by pledgets of lint. After forty eight hours it was removed, and the part dressed at night with a poultice of lint dipped in warm water, and during the day warm douches were applied. In about a week a slough came a way, and left a large healthy granulating surface. Tannin with glycerine was applied, and used daily. The patient also took internally the iodide of arsenic with extract of conium. After a period of ten weeks she was fat, hearty, and well colored; but as she occasionally lost a drop of blood, Dr. Routh carefully examined the internal surface of the uterus, and found about a quarter of its lining membrane affected with epithelioma. She left the hospital for some weeks, and on being readmitted a piece of wood about the size of the uterine cavity was prepared, and covered with cotton: the upper part was dipped in a saturated solution of carbonate of soda, the lower in the bromine solution, and it was passed up and left within the uterus. Two or three further applications of bromine with glycerine were necessary, and the patient left the hospital with a movable healthy uterus.

In the second case there was a large carcinomatous mass, about the size of an orange, attached to the os, which appeared to be large cauliflower excrescence, breaking down readily and bleeding at the slightest touch. On the 20th of January the mass was removed by the wire cecraseur, and a few days afterwards the spirituous solution was applied. She took internally the iodide of arsenic and conium, and was treated in the same manner as in the first case. She left the hospital on April 2nd, with a movable uterus covered with healthy mucous membrane, and looking herself fat and hearty.

The author remarked that he was quite aware that two cases afford an insufficient criterion as to the value of any remedy, and that time had not been allowed to prove that the cures were lasting. Notwithstanding these objections, he thought, at the same time, there were some considerations which made an early publication of these cases desirable. The author concluded by drawing attention to the care necessary in mixing the bromine with the spirits, which should be done very gradually, to avoid an explosion. He hoped others would try the agent he now brought forward, and give the results of their experience. He believed it to be potent and useful remedy, and likely to prove of service, if not in the cure absolutely, at least in the arrest of the progress of the cancer.

Dr. Wynn Williams said that he had applied solution of bromine, in varying degrees of strength, in cancerous growths, where there has been any breach of surface, for some nine or ten years; and for the last two or three years to this disease when attacking the uterus, with the effect of destroying the cancerous mass, and causing its removal or sloughing. The first patient on whom he used it was a man suffering from epithelial cancer, which had commenced in the lower lip, the soft parts being removed; and wherever he was able to apply the solution of bromine the wound healed, until the whole external surface of it, extending, he might say, almost from ear to ear, had skinned over. The patient, however, ultimately died from the extension of the disease to the neighboring glands. Dr. Williams considered the beneficial effects of bromine were not confined to its corrosive or escharotic action only, but it acted also as a most powerful disinfectant, its good effects in this way being of very great service. He had seen patients with that peculiar cachectic, emaciated aspect so common in those suffering from open cancer rapidly improve the appearance soon after using bromine applications. He had found that in almost every case in which he had been able to apply bromine directly to the cancerous growth it had been followed by most beneficial results. He had frequently prescribed bromide of iron internally, but thought its effect very problematical.

Dr. Rogers said he believed some of the previous speakers were laboring under an erroneous impression that the paper by

Dr. Routh and the remarks of Dr. Wynn Williams tended to establish a new "specific for cancer." All that was desired to be made known was the fact that in some cases of epithelial cancer of the cervix uteri the bromine had proved a most energetic and valuable escharotic, destroying the vascular growths, arresting hæmorrhage and the prostration resulting from it, and checking all fetid and foul discharges. Healthy granulations followed its application, and the parts appeared free from disease. How long such improved state would continue could not at present be predicted. This was certain, that a most marked improvement took place locally and constitutionally. The patients would soon have died had not the disease been arrested; now they appeared restored to health again. Of course, where the bromine could not be applied to the whole of the diseased parts the mischief could not be arrested, and the disease proceeded on its fatal course. Bromine, like other powerful caustics, required great care and all the precautions mentioned by the author in its use. From its not being properly guarded, he (Dr. Rogers) had known mischief to arise which ought to have been prevented. He had used it himself, and had assisted the author with all his cases; and great credit was due to Dr. Routh for the skill, care, and perseverance exhibited by him.

Dr. Routh, in reply, said he had frequently seen cases of extirpation of cancerous growths by the knife or ecraseur, but they almost invariably recurred. The plan proposed did more, or supplimented what knives or ecraseurs could not do; and he must say he never saw change so rapid from one of marked cachexia to robust health as under the bromine treatment. It was because he had thought this so remarkable that he wished others to try it for themselves. If the agent was what he believed, the profession would soon acknowledge it. Herein he only followed the general rule of medical men, which differed so much from that of quacks, to make known at once any remedy for the good of all, and not keep it secret. Great harm, he believed, had been done to the treatment of this affection in our school and elsewhere by invariably speaking of cancer as incurable. Now he believed opinion was changing, and some began to believe a cure might be found. He did not say that bromine was certainly such a remedy, but at any rate it was the most powerful palliative he had met with. To see a woman dying by inches before you, and carrying about her an odor completing her misery, was a severe trial. If bromine could stop this only for six months it was surely to be received with thankfulness. Future experience, however, might prove its powers to be even greater than this.—*London Lancet.*

HARVARD MEDICAL SCHOOL.—Although the medical journals report the number of medical students at Philadelphia and New York as being below the average at the present time, the number in Boston was never so large, 303 having registered their names.

ON THE MECHANISM AND MANAGEMENT OF DELIVERY IN CASES OF DOUBLE MONSTROSITY. By W. S. PLAYFAIR, M. D., M. R. C. P.

The author pointed out that, although numerous instances of double monstrosity were recorded in various publications, and specimens were met with in all our museums, little reference was made to the mechanism of delivery in any of our standard works on Obstetrics. As the cases were likely to give rise to very formidable difficulties in practice, the object of the paper was to arrive at a clear understanding as to the means by which Nature attempted delivery, with the view of arriving at some definite conclusions as to the proper management of cases of the kind. Details were collected from various sources of thirty-one cases, in which the labour was more or less accurately described. These histories were analysed under their respective classes, and practical deductions were arrived at as to the proper course to be pursued with the view of rendering the most efficient assistance — *London Lancet*.

ADULTERATIONS IN SPAIN.—The *Epoca* of Madrid gives such a description of Madrilene diet, as to make it appear that the only genuine article is garlic. The butter is composed of tallow, the remnants of cheese, the juice of the petals of marigold, and raw potatoes scraped and reduced to pulp. Bread is adulterated with the flour of peas, beans, etc., and whitened with carbonate of magnesia, bicarbonate of soda, plaster of Paris, alabaster, etc. Most of the chocolate sold at Madrid does not consist of a particle of cocoa, for which flour, fat, and a few aromatic substances are substituted. Sausages are made with all kinds of villianous ingredients, such as the remains of dead hoases. The list might be almost indefinitely prolonged; but the Madrilene art of adulteration seems to have attained its highest perfection in the adulteration of wines and spirits, which they manufacture leaving out the juice of the grape altogether.—*Lancet*, Nov. 3, 1866.

DEATH FROM CHLOROFORM.—A death from chloroform occurred at Birkenhead on Tuesday last week. The patient was a boy named Hughes, and the operation that was to be performed was lithotomy. The death took place previously to the operation, the boy ceasing simply to breathe, and the action of the heart ceasing almost at same the moment. The chloroform was administered with every care, and there was nothing in the condition of the patient to indicate special danger. The jury returned a verdict of death from chloroform, with an intimation that the anæsthetic “had been properly administered.”

This case is very remarkable, owing to the youthful age of the deceased. It has been almost accepted as proven that if moderate care be employed persons under 14 years can hardly be

exposed even to risk by choloform inhalation. The fallacy of this view is now proved by a sad experience, and that which was thought to be a sequence is shown to be a coincidence. If the truth be told, neither in this fatal case, nor the fatal case at Bristol, where the radial artery was to be tied, need the chloroform have been administered at all; unless it be proved that local anæsthesia would not have afforded every requirement for a painless procedure.—*Medical Times and Gazette*, Nov. 24, 1836.

RAPIDITY OF NERVE ACTION.—Haller attempted, in reading the *Eneid* aloud, to count the number of letters which he could pronounce in a minute. Finding that he could pronounce 1500, among which the R, according to his statement, requires ten successive contractions of the stylo-glossus, he affirms that a muscle can contract and relax itself 15,000 in a minute; and as the time of relaxation is as long as that of contraction, each contraction requires about $\frac{1}{30000}$ of a minute, or $\frac{1}{500}$ of a second. From this Haller concludes that the nervous agent requires the $\frac{1}{500}$ of a second to go from the brain to the stylo-glossus muscle.—*Revue des Cours Scient.*

RECOVERY OF PROF. TROUSSEAU.—Some of our cotemporaries were misled by the erroneous cable despatch announcing the death of Prof. Trousseau. One of them announces an obituary notice as in preparation, and so recently as the 1st inst., alludes to his death. We stated several weeks since that his illness was slight, and the *Union Médicale* of Dec. 4th says, "the friends of M. Trousseau and all our *confreres* will receive with satisfaction the news of his complete restoration to health.—*Boston Med. and Surg. Journal*.

RETIREMENT OF DR. BROWN-SEQUARD FROM PRACTICE.—We learn that Dr. Brown-Sequard, who had consented, when he came to Boston, to see patients twice a week at Dr. Shattuck's office, has now decided to give up altogether the practice of medicine.

PERCHLORIDE OF IRON FOR CANCER.—At the Medical Congress of Bordeaux, a paper was read by Mr. Bitot, upon the treatment of cancer. The author considers that perchloride of iron is a specific for cancerous affections; its action being like iodine in cases of scrofula. The perchloride should be employed both internally and externally, in order to affect both the diathesis and the diseased parts.

Business Notices and Acknowledgements.

NEW BOOKS—

TANNER, Index of Diseases, Lindsey & Blakiston, Publishers.

DAVIS, Conservative Surgery, Appleton & Co., Publishers.

JONES, Nervous Diseases, Henry C. Lea, Publisher.

FLINT, Practices of Medicine, Henry C. Lea, Publisher.

SOUTHWOOD SMITH, Epidemics, J. B. Lipincott, Publisher.

TAYLOR, Infantile Paralysis, J. B. Lipincott, Publisher.

EXPANITORY—Our late issue this month was beyond our control; chiefly a delay in the wood-cut for Dr. Wood's article, and a change in our printing office are our reasons. We hope to get in good order soon, and be more prompt than we have been for many months; but this unusual delay in our present number must, to some extent, apologise for a partial delay on the issue of February. Our readers cannot be more vexed than we.

THE ATLANTIC MONTHLY enters on its nineteenth volume with an array of distinguished names and sterling articles that promise well for the coming year. We note the first installment of Dr. Holmes' new story—"The Guardian Angel"—with articles by Russell, Parton, Whittier, Emerson, Bryant, Bayard Tayler, and other equally familiar names in literature.

ADVERTISING—Our friends will do well to look over the advertising department, as there are some new and important cards in the present month.

OLIVER OPTIC'S MAGAZINE—We have received two numbers of this new Magazine for boys and girls; we like it very much, and what will especially please the children, is the new feature of issuing it weekly. While it is well adapted to the tastes and capacity of the young folks, children of a large growth will find it agreeable to peruse. It is published by Lee & Shepard of Boston, for 5 cents a number—or \$2 00 a year.

MARRIED.

HANCOCK—STEVENS.—December 27, 1866, by Rev. S. Weeks, at the residence of Dr. E. B. Stevens, of Cincinnati, Mr. L. B. Hancock, and Josie, youngest daughter of Dr. J. Stevens, of Lebanon.

WEBB—MATTHEWS.—On Wednesday evening, January 30th, in Glendale, at the residence of Stanley Matthews, Esq., by Rev. E. P. Wright, Dr. Joseph T. Webb, and Annie, youngest daughter of the late Thomas J. Matthews.

THE Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

FEBRUARY, 1867.

No. 2.

Original Communications.

ART. I.—*Observations on Delirium Tremens; its Nature, Cause, Diagnosis, Pathology and Treatment:* By D. A. MORSE, M. D., Alliance, Ohio,

THE frequent occurrence of this disease, the serious nature, the occasional fatality, the great diversity of opinion upon all points relating to its pathology and treatment, renders it one of peculiar interest to every earnest laborer in the field of medical science. When we consider the great number of lauded remedies, yielding so wildly different results in the hands of different practitioners; when we view the many conflicting opinions, we can but acknowledge that the true character of the disease is little understood.

Delirium Tremens, theoretically and practically, or pathologically considered, is a disease of exhaustion and debility, consequent upon a more or less protracted period of excessive excitement. The disease is a peculiar form of nervine poisoning, of which alcohol is generally the exciting cause, existing either unchanged or combined in the blood with materials unknown (Pirrie), rendering it unfit for the nutrition of the brain, and also arresting secretion and excretion, preventing the proper metamorphosis and the elimination of matter excreted in health. In addition to this, a constant source of irritation is afforded, inanition is induced, the drunkard seldom enjoying appetite or digestion; and as a consequence, while they enjoy a state of perpetual excitement and intoxication, they are in a state of protracted starvation. Exhaustion of the physical powers follows

The body saturated with poison yields a never failing source of poison to itself. In the study of the disease in question, we cannot confine ourselves to an observation of the results of the use and abuse of alcoholic liquors, but must grasp a knowledge of every form of disease, resulting from the operation of every known cause inducing nervous depression and exhaustion, attended with delirium. When we thus extend our observations, we find that though the disease is eminently one of exhaustion, the leading symptoms that characterize it are those of excitement of the nervous system, which prevent "Nature's sweet restorer, balmy sleep," from supplying that vital force exhausted by continual excitement.

Sleep is intended as a means of restoring the exhausted vital powers; but the necessity out of which sleep arises, its exciting and predisposing causes, the condition of the brain and influences promoting sleep, having received so little attention, and are so little understood, that we are unable to say definitely in what respect sound and healthy sleep may differ from its opposite, that of excitement and wakefulness, in a physiological point of view. Many have asserted that sleep is the result of an accumulation of blood in the vessels of the brain, impeding its functions; among these are Hiller, Hartley and others.

Another class of observers assert that sleep is the result of an anæmic state of the brain; and among these are Elliotson, Blumenbach, Durham and others.

Dr. Carpenter attributes the restoration of power obtained by sleep to the renovation of nutrition. Virchow asserts that a new supply of nutriment is not essential, rest *alone* being sufficient.

The question of rest and nutrition are of vital importance in their relation to the indications for treatment in disordered states. In sleep there is diminished exhaustion of carbonic acid, diminished secretion and excretion, diminished assimilation. We would therefore naturally conclude that sleep afforded *rest*, and was not a period of increased nutrition to any portion of the system.

The researches of Drs. Hammond and Durham afford us a more reliable means of settling the disputed points than any observations yet presented. Dr. Hammond says (Hammond on Wakefulness,) "the *immediate* cause of sleep is a diminution of the quantity of blood circulating in the vessels of the brain, and that the *exciting* cause is the necessity which exists, that the loss

of substance which the brain has undergone during its state of greatest activity, should be restored.,’ This assertion he based upon numerous experiments upon animals, and also upon the fontanels of children, which he asserts are depressed during sleep. In the case of a man who had lost 18 square inches of bone, the scalp was depressed during sleep and raised to a higher level at the instant of waking.

Mr. Durham (Phys. of Sleep,) asserts that during sleep the brain is anæmic. If there is a state of anæmia, can we rationally conclude that also it is a period of increased nutrition? Is not the first step in an increase of nutrition a part of an increase of blood furnished? Can we reconcile the two propositions?

It is also asserted that during sleep the brain is in a state of depression. Anstie says “that the brain does become depressed to a certain extent during sleep, in as far as this may be judged from its being in a state of anæmia, or bloodlessness, as compared with its condition in waking movements, is rendered probable by the researches of Mr. Durham; but it is certain that there is a more extreme degree of anæmia of the brain, which is absolutely incompatible with sleep of a healthy kind.” This will find an illustration in a case of hemorrhage. The nervous system consists essentially of two points; excito-motory and sensory. The excito-motory is that upon which life is immediately dependent. When the sensory powers are unduly exerted, the excito-motory are in a corresponding ratio fatigued. And therefore we find that by too great excitement, or prolonged action of the sensorial functions, man often becomes too weak to sleep. The force of the nervous system being lowered during sleep, there is not sufficient vital energy to carry on the involuntary actions. Hence we find persons taking stimulants to raise the vital powers to a higher grade of action that they may sleep.

In ordinary sleep the cerebrum and sensory ganglia are completely inactive. In the disease, the subject of our study, there is an increased activity, and herein consists the main indication for treatment to restore tranquility by promoting sleep, and giving vigor to the excito-motory powers.

The student, who by prolonged mental activity and sleeplessness has exhausted his physical system, affords an example of the loss of power and ability to carry on the excito-motory actions. There is an increased vascularity of the brain, and when pushed to an extreme extent it is followed by inflammation

and death. His delirium, when established, differs from that of the victim of mania a potu in that his body is not a source of poison to itself, and his organs not destroyed by the action of a poison. The periodical tendency of sleep indicates a want of repose after exertion, and no one can pass any considerable time beyond his accustomed hours of repose without experiencing a great sense of fatigue; and when disease does not forbid Nature will at last assert her claims and demand her subject to succumb. An unusual demand upon the nervous force may prolong the waking hours, but volition alone cannot overcome this feeling. The soldier upon his post sinks involuntarily to sleep—though he well knows the destruction of an army, and the loss of his own life, is the inevitable punishment. Thousands of instances might be given to illustrate the influence of fatigue of the muscular system in producing sleep. Man can sleep under the most adverse circumstances. I have seen men lie down and sleep beneath a copious fall of rain. The most intense pain, the greatest bodily discomfort, muscular fatigue, will not prevent sleep; but exhaust the mental energies, load the mind with care and anxiety, distract it with grief, and sleep is banished. It is not difficult then to perceive the necessity of obtaining a full knowledge of Nature's laws, and the action of the mind and body in health, to be able to fully comprehend those important manifestations dependent on so slight changes in disease.

In all cases of disease dependent upon imperfect nutrition of the nervous system, vital force is to a greater or less extent impaired. There is a loss of power to direct thought. In many cases memory is deficient. Where this is attended with a state of undue excitement volition is impaired, there is inability to control or direct the mind. Thought is incoherent, rapid, and one idea follows another regardless of any connection with each other.

In incipient mania a potu, memory is often more active than in health, while volition may be wanting. A patient visited while writing this remarked that he was glad he had an attack occasionally as he could think of accounts he had forgotten to enter in his books. He suffered from intense anxiety, anorexia, nausea, restlessness, want of sleep, contraction of muscles, suppression of secretions, and trembled on the verge of mania a potu. Lunatics often recall events long since forgotten by the sane, and delight in aunting their friends with unpleasant occurrences, (*Abercrombie on Intellectual Powers*). This loss of volition, incoherency,

excessive imagination, rapid thought, is peculiar to all forms of nervous disorder dependent on impaired nutrition and over excitement, (Condorat, Condillac, Coleridge, etc.) *Delirium Tremens* must be regarded as a brief insanity, and the same pathological conditions and manifestations shown that often exist in well marked cases of insanity. I have known the drunkard to be absorbed in one subject to the exclusion of all others, and unable to direct his mind to his business. In incipient insanity the mind is often absorbed in one object and power to direct it lost, (Todd on *Delirium* and *Coma*).

This must not be confounded with that state of mental abstractedness shown by the eccentric. Thus Harvey Tuttle, of Portage Co., went to preach with Rev. Tate. Tuttle went to the fence to get a rail to put between their horses. Not returning, Tate observed him going into the church with the rail on his shoulder, completely absorbed in the duties of the day.

That want of nutrition is a powerful agent in producing epileptic convulsions is demonstrated by numerous observations and experiments. Kushmaul and Tenner have shown that by ligating the carotids and subclavian arteries, epileptic convulsions result. Here anæmia follows, softening of the brain and death. Others have produced the same results by ligating the vertebral arteries, (Cooper, Hunter, etc.)

Any agent that depresses and prevents proper nutrition may produce a state of anæmia of the brain, convulsions and death. On the other hand agents produce congestion, coma and death. An excessively anæmic state is generally followed by effusion, coma and death. In spermatorrhœa I have known patients to exhibit nearly every symptom of mania a potu. There was great prostration, inability to endure fatigue, restlessness, sleeplessness, tumors, convulsions, dementia, paralysis, death. This class of cases differ in their mental manifestations from those originating from other causes in invariably showing loss of memory. A victim of masturbation, a prisoner at Camp Chase, O., under my charge, died in an epileptic convulsion. Before death he had at times exhibited every symptom of mania from drink. Towards the last dementia ensued. He was destitute of all moral feelings and even of reason. He continued his disgusting habit before a whole ward while seated on the floor. In lunacy loss of a feeling of shame is characteristic of many. It is rare in *delirium Tremens*. *Delirium* often arises with a female from uterine sympathy, (Laycock on *Hysteria*).

I have observed a form of delirium following suppression of the menstrual discharge. The female will at times exhibit intense pain in the head and back, face flushed, carotids and temporal arteries tense, tongue moist, coated, skin cool, pulse very weak, cold extremities, and when this condition is not relieved, terminates in insanity, the patient dying sooner or later with well marked meningeal inflammation.

Incipient mania *a potu* often shows itself in a disordered emotional state. The patient will cry for days, suffers indigestion from gastric disturbance, headache—and dwells upon a thousand imaginary ills, which cause a flood of tears. Great emotional disorder characterises many cases of hysteria. *Insanity*, says M. Guislain, (*Traits des Phrenopathies*,) usually begins in a disordered emotional state.

All cases of delirium cannot be regarded as the result of *direct* action on the brain. The most terrible convulsions and fierce delirium have resulted from irritation at points remote. This has led many to regard mania *a potu* as a species of gastritis. There can be no question that the gastric irritability does not greatly affect the brain, but on the other hand severe gastric disorder follows cerebral disturbance. Irritation of a nerve at its central extremity produces the same sensations that result from irritation at any point throughout its course, or at its peripheral extremity.

Hence irritation of the central extremities of nerves produces often the various sensations of formication, itching and other unpleasant feelings. It may also produce tinnitus aurium, sounds of voices, and other imaginary sensations, known as hallucinations.

Claude-Bernard has done much to develope the knowledge of the action of the nervous system. He has expanded and developed much that had been previously imperfectly known. His researches show—

1st. "That the principal symptoms and various affections symptomatic of brain disease originate less frequently than it is admitted from loss of function of a part of the brain, or from a direct effect of a disturbance of that function.

2nd. "That the disease of the cerebral lobes, or of the cerebellum, gives rise to symptoms and symptomatic affections chiefly through a peculiar influence exerted by the part altered upon other parts of the encephalon.

3rd. "That an alteration of the blood may be the cause of these symptoms and symptomatic affections.

4th. "That the principal symptoms and affections symptomatic of brain disease may be caused by an irritation starting from any viscus, or any nerve of the skin or mucous membrane."

There may be serious diseases of the brain and yet no extreme manifestations. Cases are related in the *Med. Times and Gaz.*, April, 1861, by Chas. West.

It cannot be asserted that the brain is *always* congested *when the superficial vessels of the face and neck are congested*. In blushing there is no reason to suppose the brain is in the least affected by the temporary determination of blood to the face. There is a great diversity of opinion concerning the condition of the brain in persons dying from hanging, or strangulation. The researches of Bichat, which were extensive, and also of Kellie, tend to prove that the brain is *not* congested. Dr. Burrows and others asserts this to be incorrect, and that there *is* congestion, but explain away the post-mortem appearance of bloodlessness by saying the blood has gravitated through the deep veins of the neck after death. Of this there is no positive assurance, while the numerous experiments of equally reliable men prove the contrary to exist.

Dr. Gonzalez Echeverrie asserts that "delirium is always the result of cerebral hyperæmia, whether it results from a debauch or withdrawing; accustomed stimulants. This disposition to inflame constantly increasing, congestion increases, the symptoms become so identical with those of the periencephalitis that we are unable to distinguish the one disease from the other. After repeated attacks in Delirium Tremens there is fatty degeneration of the brain. First attacks are seldom fatal. The patient suffers several, and they result in dementia and paralysis."

We have referred to the effects of defective nourishment, and its influence in producing congestion and delirium. The blood when impoverished no longer has its effect upon the brain, nervous power is diminished.

In fevers depravity of the blood and depression of the vital force, with irritation of various parts of the system, induces congestion of the brain and delirium. Defective nutrition where an alcoholic stimulant is taken is attended with many symptoms common to mania a potu and fevers, The incipient stages are a period in which nausea and a sense of sinking alternates with hunger. Then follows fever, great prostration and delirium.

In this state resulting from starvation there is inflammation of the stomach. There is often ulceration. Here symptoms of vascular and nervous irritability arise in the midst of general weakness, (Williams' Path., p. 49).

The habitual drunkard must be regarded as one suffering from deficient nourishment. He manifests those symptoms. His gastric disturbance and cerebral indicating this as one great cause of disease. To sustain this position are the views of many and the observations of eminent men. Dr. Bence Jones has expended much time and labor in solving this question. In inflammation of the brain he found an increase of the phosphates, while in Delirium Tremens the excretion of phosphates is diminished. This shows that in inflammation there is increased oxidization of tissue. He shows also the amount of phosphates excreted corresponds with the amount of food taken, the period of meals and the kind of food. Food rich in material producing phosphates yield a great increase to the urine. His observations show that the soluble phosphates result from the food, while the insoluble result from metamorphosis of tissue. Here we have the Doctor's observations entering to relieve us from embarrassment. They reveal the fact that too little food has been taken, that alcohol prevents the proper metamorphosis of tissue. He found that after excessive mental action the amount of phosphates was increased in the urine and disappeared after a period of repose.

An increased amount of food is taken, rest restores the exhausted nervous powers, and food the physical. With the drunkard no increase of nutriment restores the waste of tissue, while the presence of a poison goads on the brain to still greater exertion. Here all is expended that has been accumulated and no adequate return. Hence we conclude with reason that Delirium Tremens will not result except there be irritation. Inanition will not result unless food be withheld, or the assimilation prevented by disease or poison.

Over stimulation of the brain shows itself in its own organ, the brain. Hence may arise congestion of the brain, exhaustion of nervous power, with stupor, giddiness, headache, dull and disordered sensation, and even apoplexy and palsy; or the disease may be inflammatory, with symptoms of irregular excitement, nervousness, delirium, tremor, convulsions, partial paralysis, etc. The excessive supply of healthy blood may be recognized by the extraordinary muscular power shown. This is seen in

acute inflammatory action, and the delirium is fierce, the patient is said to be "raving." An increased supply of blood to a part may not be accompanied by increased irritability, when nervous force is deficient. In the brain this is shown in delirium of a low grade, where there is exhaustion. Delirium Tremens when it assumes the form of typhoid fever attended with delirium is of this character. Muscular strength is not exaggerated. It is necessary to husband all the strength such patients possess.

They frequently manifest a desire to toss off the clothing from their bed, get up and walk around. It invariably results in their death. During the war one typhoid patient who was under treatment in a tent, went out and started on a run over a hill near by. After running a few rods he dropped dead. These patients are not destitute of reason, for often they remain quiet while they are watched, and push out of bed when they are not observed. I have lost a great many cases of fever, while in this state, from carelessness on the part of nurses who were ordered to keep them in bed. The same condition prevails to a greater or less extent in Delirium Tremens. The patient is exhausted, and yet manifests a continual desire to keep moving. He should not be exhausted by a struggle with an attendant, but should be kept as quiet as possible by moral persuasion. He is not fierce and uncontrollable, but yields ready obedience to a master mind. The continued physical exertion only increases the exhaustion. Blows upon the head are attended with delirium, (*delirium traumaticum* of Dupuytren), and this may be identical in its manifestations with that of mania a potu.

A case is reported, (*Lancet*, June 28, 1860), under care of Dr. Chambers, which was the result of injury to the brain from a blow received from a stick, upon the temple. It was followed by symptoms of concussion, which in turn were followed by symptoms of Delirium Tremens. Patient was excited, uproarious; died 33 days after the injury was received. A clot was found in the brain, which was pale, fibrous, and exhibited signs of partial organization. I have observed other cases of this character during the war. It is unnecessary to multiply examples.

To obtain a rational pathology, without which no correct plan of treatment can be adopted, we must obtain a full knowledge of the cause inducing the disease, and its mode of action. The subject of this essay being delirium tremens, and its cause acknowledged to be *alcohol*, we cannot pass without giving it a moment's atten-

tion. Without a knowledge of its *action* we can possess but little reliable knowledge concerning the best means of counteracting its effect. Out of this has grown the principal difficulty in determining the plan of treatment and the true pathology. If alcohol is a *chemical* food, prevents waste of tissue, is equal to all demand made by the nervous system for nutrition, then the indications for treatment are greatly changed. If as Dr. Carpenter maintains it is destructive and not constructive, is but the spur that goads on the brain to increased activity, diminished secretion and excretion, retards metamorphosis of tissue, and produces disease through its exciting effects alone, combined with its destructive properties, then another indication is furnished for treatment. All authorities agree that it possesses stimulating properties. All do not agree upon its action aside from this property. Prolonged stimulation exhausts an organ, (Muller). Anstie says, "it is not true that stimulation of itself is provocative of subsequent depression. Stimulants are no more liable to be followed by depression than is the revivifying influence of food." He has written a work on *Stimulants and Narcotics*, and as these are so intimately connected with our subject I will give some of his propositions.

He says : (*London Medical Review*,)

1st. "Alcohol is capable of sustaining life in the absence of all other food for many days.

2nd. "During acute disease, alcohol is sufficient, without the use of any food, to prevent emaciation of the body, and also extreme lowering of muscular strength, which would render the period of convalescence tedious.

3rd. "Given in acute disease no amount of alcohol which the exigencies of the case require will cause inebriation ; on the contrary, delirium, unless it depend on inflammation of the brain may always be checked by the administration of alcohol. That the demand of the system in acute disease is always in the inverse ratio to the power of assimilating other food."

If you adopt these views your plan of treatment, and opinions concerning the nature of the disease, must vary very essentially from those presented in this paper. The drunkard does not live *without eating*. He eats at times, and though he takes an insufficient quantity and at great intervals, he takes enough to partially sustain life. The question then of imperfect nutrition may be regarded as settled. The character of the cerebral dis-

turbance, the condition of the viscera, the secretions, the great exhaustion, and in short every manifestation indicating nothing else. Dr Abercrombie speaks of the disease as being only a modification of mennigitis, which shows increased vascularity. This view is sustained by Dr. Sutton, who wrote upon the disease and to whom we are indebted for the name, *delirium tremens*. Dr. Bright regards it as a species of *arachnitis*. Solly tells us that in all cases he has examined he has found the *cortical* substance of the brain pale and bloodless. I have had but few opportunities to make examinations of the brain, but have found no well marked signs of congestion or disease after death. In one brain examined, of a soldier who had suffered repeated attacks, the cortical substance was bloodless, but the parenchymatous substance was unusually hard, and showed large black points of blood when cut. It required considerable more force to mash a slice with a knife than is required by a healthy brain. I am of the opinion that the disease is attended with great vascularity of the brain.

Percy and others have obtained alcohol from the brain. Recent pathology reveals much that has been unknown concerning diseases of the nervous system. It has been a favorite opinion that no abnormal condition could be detected that could be considered as a cause for mania. Dr. Rush believed mania to be seated in the blood vessels of the brain, but like thousands of others, did not regard of sufficient importance *exciting* causes.

Dunghlison says delirium may be *centric* or *eccentric*. The cause located within the brain, or without. Of 216 maniacs whose heads were examined by Creighton, 160 had the skull thickened; 38 reduced in thickness. Dr. Webster reported an examination of 290 insane. Of these 226 had infiltration of the pia mater. In 207 effusion in the ventricles. In 184 fullness of the blood vessels. In 116 arachnoid thickened. In 64 color of the brain deranged. In 40 blood effused. I have no doubt that a careful examination of the brains of the victims of mania a potu will in all cases show some sign of derangement, though it may be slight. It may be only a symptomatic affection in its early stages, but if so it speedily becomes organic.

The presence of alcohol in the brain cannot be continued long without organic mischief. The preternatural hardness at some stages; and softening, apoplexy, paralysis, fatty degeneration, and occasionally manifestations of inflammatory action at other

stages of the disease ; the effusion into the ventricles, and death beginning at the brain, indicates that in all cases, no matter how imperceptible it may be, there must be some pathological change.

The symptoms, for the sake of presenting the subject systematically, may be divided into those presenting themselves before the attack is fully developed, and those exhibited in a well developed case. The first are principally referable to indigestion; and are nausea, oppression and gnawing pain in the region of the stomach; sometimes vomiting and retching; bowels loose: sometimes constipated; tongue moist, furred; pulse soft. Often there is great muscular debility; patient nervous, restless; startles at slight sounds; is irritable, easily annoyed by trifles; the emotional functions at times greatly disturbed; dwells upon a thousand imaginary wrongs; trembles, walks less firm than in health; skin generally dry; secretion scanty; urine scanty and high colored; headache; sometimes contraction of the muscles of the arm or leg, and as one essential symptoms is sleepless at night; goes to bed and gets up; is continually moving. Tate has described a peculiar pain, located beneath the nipple, at apex of the heart, as premonitory of hysterics. This is not more so of hysteria than of other nervous affections, and is frequently manifested in incipient mania a potu. As the disease advances to a well defined attack the patient shows exaggeration of all the symptoms. There is a wildness of look, expressive of great anxiety, the sleeplessness is confirmed. There is now great prostration, with vague alarms; his mind is uncontrollable; fancies he sees an enemy in every shadow; searches his bed; examines every corner of his room; sees bugs, rats, mice, snakes and the most hideous and disgusting objects; smiles at times at some fancy of the brain, though the great and most manifest symptom is *fear*. He hides from an unseen foe; begs, prays and struggles; hears the voice of a foe; asks aid to resist an enemy. They will crawl around upon the floor picking at imaginary objects, or catch at floating fancies in the air. They will at times continue their exertions, even though attended with great pain. One patient, in hospital at Madison, Ind., I have seen crawl upon the floor of the ward, thump down the stump of an amputated leg until it bled profusely, and yet express no sign of pain. He would immediately lie down when told. Always imagined a large elephant was backing stern end foremost upon him. He would make wry faces, push at him and call for aid. It was with

great difficulty he would be induced to take any thing, expressing a fear of being poisoned. Another would brace himself against the wall and exhaust every muscle in a vain effort to prevent its falling. These efforts always provoked copious perspiration.

There is no intolerance of light or sound, though the patient starts at every rustle or murmur. Often when roused he can think correctly for a time, but soon relapses into one of his incoherent fits of excitement.

The only forms of delirium with which the disease can be confounded is the mania resulting from lunacy, inflammation or poison. In inflammation the great muscular strength, flushed face, tense pulse, fiery looks, is alone sufficient to distinguish the cause of disturbance. In the low forms of the disease accompanied with typhoid symptoms it does not differ greatly from that disease. The history of the case will set at rest all matters of doubt. If the patient is accustomed to drinking and suffered no injury, and is free from indications of febrile disorder, you can form a diagnosis with little trouble. In general the patient recognizes his attendants, answers your questions in a satisfactory manner.

(To be concluded next month)

ART. II.—*A Case of Ileus ; with Remarks :* By T. L. WRIGHT, M. D., Bellefontaine, O.

I WAS called on the morning of the 15th of October, 1866, to see Mrs. ———, aged about 33 years, married, of feeble habit, nervous and timid. Mrs. ——— is a believer in the Grahamite system of dieting, and had half starved herself, on bran bread.

I found the patient in bed, complaining of colic, or pain in the region over the duodenum. She had taken, during the night, a dose of castor oil, which, in three or four hours, had been rejected by the stomach.

There was no remarkable tenderness, and I proceeded to administer morphine ; gave two portions three hours apart, which mitigated the pain. This patient had a great aversion to medi-

cine, and in the evening I contented myself with giving a third portion of morphine to procure rest.

16th.—Called early. No pain or nausea; pulse of moderate frequency, and rather weak. To open the bowels, left seven vegetable pills, into which aloes entered as a base—in the mass of which three drops of croton oil had been incorporated. One pill was to be taken every two hours, until the bowels were moved.

Called through the day several times; patient complaining of nausea; took six of the pills and then rejected the whole, throwing up, at the same time, a large amount of dark, bluish-green liquid, with a decided stercoraceous odor. No sign of action in the bowels, and no great pain or tenderness anywhere. Slight fever, and tongue rather red; ordered an injection of castor oil.

17th.—Castor oil discharged, together with some starch with which it had been mingled, but nothing more. There was a good deal of eructation of fetid gas from the stomach. Gave four ounces of the citrate of magnesia, (liquid). In two hours it was rejected, bringing up with it a considerable quantity of soft, batter-like, bilious feces. This matter continued to rise into the mouth and be spat out at intervals of only a few minutes, for two or three hours. It became so distressing in the afternoon, that I determined to give an emetic of ipecac. This acted very well twice, causing to be rejected each time more than half a pint of dark-colored, but attenuated, fecal matter.

This evening the patient felt a good deal relieved, but without any indication of a movement in the lower bowels, either to pass feces or gas. I concluded to let her rest through the night without medicine.

18th.—Poor night; not much pain anywhere, nor tympanitis. Recommended some kneading of the bowels, and occasional light frictions by the hand over the general surface of the abdomen. Gave internally the infusion of senna in repeated portions, and ordered a quart, or more, if possible, of weak soap-suds to be administered as an injection. The senna was continued at intervals of three or four hours, and about half a gallon of the injection was given. Toward evening a portion of the injection came away, but uncolored by feculent matter, and exhibiting very little of the feculent odor. I observed a number of particles of bran floating on the discharged liquid. After a short time another large quantity of the same kind of liquid was injected, causing, by its bulk, a considerable increase in the size of the abdomen

The senna was continued at intervals throughout the night.

I may observe that to-day was the only time any considerable portion of injected matter was passed by the bowels. Generally large injections were passed up out of reach and never appeared again at the anus. The freedom with which injections passed upward was remarkable; nor was any limit to the amount that might have been given ever reached. Even small injections were sometimes lost by the inverted peristaltic action.

19th.—No evacuation by the stomach or bowels. Some uneasiness caused by nausea, and by abdominal fullness; occasional spitting of thin feculent matter. About 10 o'clock, A. M., vomited probably a quart of liquid stercoraceous matter, dark and very disgusting; could see bran scales mixed with it. Between 10 and 12 o'clock, vomited three or four times the same kind of substance in large quantity; no discharge from the bowels of any kind. It was evident that injections, when large, passed by the mouth. After noon the vomiting ceased, and, excepting weakness, the patient exhibited no very urgent symptoms. The patient declined active stimulants, but took three small portions of quinine through the night.

20th.—Patient free from pain; very little sleep. The pulse was generally rather weak in the mornings, but displayed irritability in the evenings.

This patient having strictly avoided animal diet for a number of months, it occurred to my mind that something like a new sensation in the bowels might induce such a change in the peristaltic action of the bowels, as would cause them to spontaneously resolve the obstruction, (which I believed to be intussusception) existing within them.

Accordingly ordered two tablespoonfuls of good beef tea every three hours. Also, a small portion of quinine every four or five hours, and desired the patient to swallow frequently small bits and shreds of fresh slippery elm bark. Kept the nourishment and medicine down well. Continued the same course at longer intervals through the night.

21st.—Comparatively comfortable. No effect upon the bowels. Resolved to try calomel. Had been deterred heretofore from instituting mercurial treatment from the fear that failure might result, in this patient, in a disastrous form of salivation. Gave two grains of calomel every two hours. Continued the treatment until 10 o'clock at night, having given a large injection of infu-

sion of senna about the middle of the day. Up to 10 o'clock, P. M., no evacuation from the bowels. At this time there was some griping pain, especially in the lower and left portion of the abdomen; had some feeling for the first time that an evacuation was at hand; could feel externally the bowel moving and working downward, to a point below, and to the left of, the umbilicus; where it would stop, and a lump, apparently of confined gas, having stopped at that point would return upward. In the early part of the night a considerable quantity of castor oil, mingled with starch, was injected. There was no discharge from the bowels through the night, but very copious discharges of urine were voided.

22d.—Efforts were confined to small injections of castor oil. They passed from time to time unchanged. I will remark here, that on the third day of the sickness of this patient, the regular menstrual flow appeared, and it progressed regularly and fully as in health,

23d.—At the urgent request of the patient I permitted her to take four of Jaynes' "Sanative Pills;" the stomach being quiet and the bowels not greatly distended, a large amount of the liquid injected the previous day having passed by the kidneys.

I was absent from town from 10 o'clock this day till 8 o'clock at night. About noon (I learned) the Pills were thrown off from the stomach, accompanied with a good deal of the usual feculent material. The case seeming urgent, a medical gentleman was called in, who proceeded to inject two quarts of soap-suds. Upon returning home at night I found my patient, with the injection retained and suffering from nausea, with frequent eructations of fetid gas, and spitting the usual feculent matter. Ordered an emetic of ipecac, which acted promptly, causing the evacuation from the stomach of a great quantity of very thin, but dark and offensive stercoraceous matter. The large injection had found its way into the stomach, carrying with it feculent matter from below.

24th.—Patient thirsty and feverish. Had tried the warm bath with prostrating effects only. Considerable pressing down action in the bowels, terminating at the point already mentioned, and regurgitations backward into the stomach eructations of fetid gas. Ordered cloths wet with strong hop tea constantly applied to the abdomen, with occasional small injections of castor oil.

25th.—Tongue getting daily more red; not much pain, although

the feeling of a downward action of the bowels continues, with the same regurgitation upward of gas as before; no particular nausea. The patient begins to look haggard and worn. I concluded to try calomel again; gave two cathartic doses of calomel and jalap two hours apart. From this there was no effect other than to increase the griping pain, and cause some tenderness in the point of stoppage. In the evening, the pain and tenderness approaching to tormina. I administered a small injection containing morphine. Was called in the night; patient restless and anxious; pain continues and the bowels moving strongly, especially downward, as could be plainly felt through the abdominal parietes; gave morphine by the mouth.

26th.—Case becoming critical; action of the bowels continues, with considerable in the old locality, with complete stoppage there. No gas has passed from the bowels since the first day of attack, but considerable flatulence, moving upward at times, and momentarily belched from the mouth—always fetid. Determined on a new course of treatment. Injected about three pints of hop tea. In the afternoon a large portion was thrown up from the stomach with the usual disgusting accompaniment. Ordered a quart of very strong tea to be made from hops, and after mixing it with starch, injected the whole into the rectum. Called at 10 o'clock in the evening; tea retained; no sickness, and pain relieved. There was a nervous feeling of falling, and considerable restlessness, and a feeling as though a dark cloud was descending on the patient when she closed her eyes. Attributed this feeling to the narcotic effect of the injection; pulse feeble. Introduced a suppository composed of solid aloes, and about the size of a large marble; pushed it up about five inches.

27th.—At 2 o'clock, A. M., was called. The patient has been siezed with a chill about an hour previously, and, while in the rigor, felt something give way. Immediately there passed some gas by the bowels, and very soon afterwards a thick stool of quite moderate quantity passed away. This was the only consistent stool ever evacuated by the patient, except a few small, hard, greenish-black lumps from the cells of the colon, which did not mingle with, nor color the injections in the early part of the treatment. There was a poor light, but some white shreds, products of inflammation, were observed in the vessel, and a dark liquid, probably a mixture of dissolved aloes and hop tea.

There was a good deal of tormina. There was no tenesmus,

and never was in this case. The pulse and skin showed no urgent symptoms of sinking, but on account of the great pain in the bowels referred to, the old point of obstruction, and on account of the irregular and violent twisting of the intestine augmenting the pain, I was obliged at once to administer morphine.

28th.—Tormina great; patient groaning and loudly complaining. Continue the morphine and application of hops all day and night.

29th.—No other passage from the bowels of any kind; was of opinion that the obstruction had been overcome, but desired corroboration of that opinion. Pain being abated, determined to try the effect of a thorough cathartic. Gave two ounces of epsom salts at 8 o'clock in the morning. Called at 11, A. M.; no sickness nor eructations; at 3 o'clock, P. M., some indications of internal motion in the bowels. At 3 o'clock in the evening, called, and found two fine dark bilious discharges from the medicine, and had two more before morning of the 30th. The patient slowly recovered.

Remarks.—1st: Anatomists tell us, that not unfrequently a state of invagination is observed in the bowels of persons whose deaths were not connected with disease of the intestines.

Certain irritating articles of food, taken when the bowels happen to be in that condition, would be apt to produce symptoms of colic by dropping into the fold or pouch of the inverted bowel. Remaining there for a time they would cause an irritation and spasm at that point. This would produce a certain amount of tumidity, by strangulation, of the invaginated or valvular portion of the bowel; hence, ordinarily, any thin matter may pass freely upward when the invagination points to the stomach; but nothing can pass downward toward the rectum. If the contained bowel is of small extent, an opiate followed by a cathartic may revert the intestines and cure the case. But if the invagination is considerable, nothing but solicitation from below can avail.

2d.—It is best, therefore, not to be in too great a hurry, nor to repeat too often active cathartics, as in a severe case they can only hasten a fatal catastrophe.

3d.—Stercoraceous vomiting is not always injurious, but it may be beneficial by unloading the bowels and relieving the pressure upon the point of obstruction.

4th.—Inflammatory symptoms should always be allayed before attempts are made to force an evacuation of the bowels, and they

should be reduced between all such attempts. Indeed, all such attempts should cease for the time being when inflammatory symptoms exhibit themselves. The patient may live an indefinite period of time when the bowels are carefully handled, and repeated efforts can be instituted with due caution and judgment to effect a solution of the difficulty. I think it a good rule in a case of serious obstruction of the bowels, to seek time, and above all, not to give way to panic. In short, do not do too much nor be in too great a hurry.

I attribute the original attack of disease in my patient to the irritation caused by scales of bran lodging in the fold of everted intestine, producing spasm, and subsequent partial strangulation of the confined *finger* of intestinal tube. I have seen cases of "bilious colic" follow eating dried corn, and am cognizant of one fatal case following a meal of that substance.

ART. III.—*Remarks on "Spotted Fever," as it appeared in Venango Co., Penn:* By D. C. GALBREATH, M. D. Polk, Penn.

DURING 1866, we had a new disease in this vicinity. While the year previous, we had an endemic of remittent fever. The disease referred to is ushered in with chill, great debility, pains flying from one part to another, more especially in the fingers, toes, right and left hypochondrium and elbows. In the head there is frontal pain, but the most severe pain is in the occipital region, tendency to throw the head back, opisthotonos, dizziness, partial blindness, difficulty of swallowing; always sore throat, though not enough to attract the patient's attention at first; thick whitish coat on tongue; pulse frequent, quick and small; nausea, and vomiting is generally one of the first symptoms; the bowels are generally most obstinately constipated. Once in a while diarrhœa is present, but it is in the mildest cases. dyspnœa is a marked symptom in some cases; paralysis and strabismus, especially with children. The right arm or leg is generally the limb that is paralyzed; the rash is not always present. Sometimes it resembles the rash of measles; other times it is vesicular. I have seen patients remain in a comatose condition

for days. One boy, aged 8 years, had from fifteen to thirty-five convulsions in twenty-four hours for a week, then run in a typhoid condition for seven or eight weeks, and eventually recovered.

There is also a tendency for the pain to locate in the eyes, especially the left. After the first week, all cases that recovered run into a typhoid condition of varying duration. I have had one case that run along for eight months before recovery. The most dangerous symptoms pass off in the first week. The most deaths occur during the first three days. Some never react, but sink under the first shock.

In ninety-seven cases treated, five died—four children and one adult male; two 11 hours after the disease; one at the end of the second day; one in two day and a half, and the other, a strong vigorous man, at the seventeenth day.

The local treatment was heat, frictions of mustard, water, capsicum and vinegar, blister to spine, anything that would indirectly stimulate the nervous centres. The internal treatment was quinine in scruple doses at first, combined with small doses of opium or dover powder, tinct. cantharides in ʒj doses, capsicum and mustard in teaspoonful doses.

The following prescription was commenced at the start and continued all through the disease:

R—Quinine Sulph., gr. xx.
 Ferri tinct. mur., fʒ ss.
 Aqua, ʒ iii.

M. A teaspoonful to be given every two or four hours.

Three of the worst cases were bled freely, then tinct. cantharides in ʒj doses was given to each, followed by quinine in scruple doses, with the iron and quinine prescription mentioned above—these cases all recovered. Brandy was hardly ever used, preferring to use strychnine with the iron and quinine or Hall's solution. Cathartics was never given until the second or third day. The disease is, I think, a fever of the typhoid variety.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

Thomas Carroll, M. D., *President.*

M. B. Graff, M. D., *Secretary.*

JANUARY 7th, 1867.—Dr. Muscroft reported the following:

Case 1st. Called at 7 A. M., Wednesday last; found the patient, aged 35 years, in confinement with her fourth child. Had been in the hands of a midwife since the evening before. Membranes ruptured on Friday previous; constant escape afterwards of liquor amnii; labiæ much swollen; difficulty in passing finger up to head in the inferior strait; after introduction could sweep up around the occiput. No os uteri to be felt; tumor of scalp present; labor pains moderate. Waited half an hour before making second examination. No advance of head; finger passed readily under pubis; found protruding parts to be the lips of the uterus instead of the labiæ, as first supposed. Reduction of prolapsus attempted with the finger, at the same time attempted with hand on the uterus to press back the head of the superior strait. Succeeded; uterus being retained in proper position; head did not come down at once; os dilated one and a half inches; delivery effected at 2 P. M., the Doctor being absent at the time; child dead, probably for a day or two skin readily pulling off; uterus contracted properly. Had seen no record of a similar case. Considered such condition a probable cause of inversio uteri, as the head could not have been extended without inversion taking place. At first examination felt what he supposed to be an ulcer of the vagina. Patient expressed much relief during replacement of uterus.

2nd. A young German walked through a hatchway, producing compound fracture of both thighs, together with injury of knee and left arm, but no fracture or dislocation. Saw him an hour after receipt of injury. The upper fragment of right femur was protruding; the denuded portion was cut off; ordered anodyne. On second visit found patient cheerful, had slept some. Bowels had been moved; pulse 100; appetite moderate. Had used sand bags and weights; cut off the legs of his boots, lined them and placed up limb in them, straps being sewed at the bottom of them.

Patient much pleased and doing well. Is using this dressing in three other cases.

Dr. Quinn reported having seen a child born, having a tumor on the back at junction of dorsal and lumbar vertebral, containing a thin fluid. Tumor not superficial; so soft that he did not carefully examine it. Was certain it communicated with abdomen. Dr. Clendenin was called in consultation, and punctured the tumor. The ribs at this point had no connection with spinal column.

Dr. Stephenson was called to see a patient; found her in great agony, walking the floor, could not lie down, had slept very little in a chair. Dyspnœa excessive; found abdomen large and hard; could not introduce catheter; os uteri dilated to size of a half dollar, with soft thickened edges. Fluctuation readily detected internally but not externally. Ruptured membrane, four gallons of fluid being discharged; woman delivered within two hours of twins of five months' date; placenta could not be removed; os so contracted, hand could not be introduced. Abdominal muscles had lost all tonicity; gave ergot, and at 10 A. M. removed placenta. Had had six children previous to this pregnancy. Delivery took place Dec. 28th, 1866. Up and about to-day, (Jan. 7th, 1867). One fœtus was decomposed.

Dr. Buckner moved that Dr. Wiley be invited to deliver a lecture before the Academy on his Medical experience in China. Motion passed.

Jan. 14th.—Dr. Hœltge reported the following interesting case:

Mrs. Maria Bates, æt 27, American, married, mother of two children, youngest 5 years old. Her husband called at my office in the evening of Dec. 20th, saying that he wished me to write a prescription for his wife who had been troubled with a cold for several days, and that since the day previous had coughed considerably, accompanied with pain in the left side of her chest. He wished me to give him prescription, as he could not persuade her to have a physician called in. I prescribed a cough mixture, saying that if she should not improve, it would be necessary to see her. Her husband also gave me the following history:

She always enjoyed very good health until three years ago, when stepping into a carriage, her foot slipped and she fell to the ground. She being pregnant at the time, the next day she miscarried; since which time she has menstruated rather profusely,

but at regular periods, and during the intervals has had leucorrhœa, accompanied with pain in her lumbar region.

On Saturday morning, Dec. 22nd, Mr. Bates requested me to come and see his wife, who had had a child the evening before, and her cough and pain were much worse. I found her in bed, lying on her right side. Coughed considerable; expectorated a tenacious mucus; complained of pain in left side of chest, and also of headache. On percussion found dullness over the posterior portion of base of the left lung, and on auscultation found crepitation in the same region. Pulse 110, rather soft; respiration 24; skin moist, and temperature slightly elevated. Did not notice at this time anything unusual about her pupils. Prescribed tinct. veratrum viride, 2 drops every 2 hours, and applied tinct. iodine over the posterior part of the left chest. At 6 P. M., I was sent for and requested to do something to relieve her headache, which prevented her from having any rest. Prescribed sulph. morph. gr. $\frac{1}{3}$, calomel gr. $\frac{1}{4}$, every 3 hours, and increased the veratrum viride to 3 drops. At 2 A. M., the next morning, I was called to see her. Her husband stated that after taking the second dose, she became quiet and slept until 12 o'clock, when she awoke and was delirious. This lasted until 2 o'clock, when she fell into a deep coma, in which state I found her. I tried to arouse her, but without success. Her pupils were moderately contracted and responded to the application of light. No rigidity or retraction of the head. I gave her an assafoetida mixture and cold applied to the head. Pulse 80, good tone; skin moist, and of normal temperature.

At 8 A. M., found her in the same condition, but had been restless and delirious at intervals. Ordered in addition to the assafoetida, an injection which moved her bowels very freely.

At 2 P. M., Friday, no change had taken place. I requested consultation and met Dr. John Davis at 4 $\frac{1}{2}$ P. M., the same day. Proscribed carb. ammonia in a mixture.

Dec. 24th, 7 A. M., had been very restless during the night. Some rigidity of the neck, and head retracted; pupils moderately dilated, but respond to the application of light. Pulse 72, soft; urine free and passed involuntarily. Prescribed ext. belladonna, $\frac{1}{4}$ gr., every 2 hours.

11 A. M., met Dr. John Davis in consultation. At this time the retraction of head and rigidity of the neck more marked. Had rested since morning; pupils dilated; pulse 76, soft; skin moist

and temperature normal; no great heat of head; fauces reddened; appeared to be a little more conscious when spoken to. Prescribed chlorate of potash with one drop of carbolic acid, every 3 hours; continued also the belledonna; ordered beef essence; painted tinct. iodine over the spine.

5 P. M., pupils irregular; muscles of the neck not so rigid; pulse 84, very soft; had rested somewhat better; urine passed freely.

Dec. 25th, 7 A. M., has been very restless during the night; respiration 40; moaning; pulse 164, small; complete opisthotonos; neck greatly tumefied; left pupil larger than right; great difficulty in swallowing.

11 A. M., same condition; pulse 174, very small; surface of skin cool; soft palate, and fauces covered with false membrane; unable to swallow. Died at 4 P. M.

Medical Observations in China: By DR. WILEY.

CINCINNATI, Feb. 4th.—In accordance with the invitation to DR. WILEY, the Academy met this evening in the Lecture Room of the Medical College of Ohio, there being present a large attendance of physicians and medical students. The President introduced Dr. Wiley to the Society, who proceeded to deliver the following remarks upon his "Medical Observations in China."

I shall not be able to communicate much medical knowledge to you this evening, as I am called upon to speak of a country and system of medicine very far in arrears of what has been attained in this comparatively new country. I shall call you back to what medicine was some centuries ago, rather than to help you to any useful knowledge in your studies. My connection in China extended over five years, from 1849 to 1854, in the position of a physician to a mission station at the city of Fou Chow, in one of the most populous provinces, numbering about 18,000,000, in a territory not greater than Ohio. On a fair estimate there were within the walls of the city 900,000 people, and including the suburbs, fully 1,000,000. In addition to my care of the missionaries and their families, it was my duty to make use of the practice of medicine to promote the missionary work among the natives, in all cases to be used gratuitously. I met out-door cases three times a week, but after two or three years I established a private hospital that would accommodate fifteen or twenty patients. I came in contact with Chinese physicians, and

would immediately retire on one making his appearance beside a patient.

ORIGIN OF MEDICAL PRACTICE.—The practice of medicine originated in the family, where every other good institution took its rise; the father was the first physician, from whom the practice passed to the priest, whose influence in the household came next to the father; and from the priesthood it grew to a separate profession. In China all three customs prevail, but blended together, each being present and exercising his art, his ceremony and his authority. The doctor, priest and father, all are engaged with the patient at the same time—the treatment consisting largely in the use of charms, figures, cut out of stone or metal, or bones taken from sharks—greater reliance being placed on these, both for preventing and curing diseases. They interfere with the treatment of the physician, and are injurious to the patient—a large part of the ceremonies being very noisy, resulting from the theory that diseases are caused by the presence of evil spirits; at least this is the theory of the priests, which is adopted by the people, and the physicians do not interfere in the matter. The patient is often taken out of bed, carried around the house, with great noises, made by the firing of whole packs of their Chinese crackers, and the ringing of gongs about their ears.

ABSENCE OF MEDICAL SCIENCE.—It is only by a license that we can speak of their practice as being a medical profession; it is simply a trade. Each physician practices on his own knowledge, and has his own students, keeps his own facts and discoveries to himself, often not revealing the latter even to his own students. He is his own druggist, and prepares his own medicines for administration.

The business is divided up into many specialties, physicians choosing their certain diseases for treatment, and leaving others to those who prefer them. The practice of a physician is not regarded with as much honor as in western countries. I think I may say he is always a gentleman, always intelligent, in the sense of Chinese intelligence, polite and courteous; and yet he does not rank among the literary classes, or as highly as official circles. His position is more that of a merchant.

Medicine in China is not a science; it is empiricism, with no accurate, reliable facts to rest upon. It has no anatomy, physiology, or pathology. It consists of a vast accumulation of facts, remembered or recorded in their books. Its *materia-medica* is

built up from long observation. They have no anatomy, for the reason that the dissection of the human body is absolutely forbidden. The physician would undoubtedly be put to death if he attempted to dissect the human subject. They therefore can have no more knowledge on this subject than such as is derived from outward observation, and such knowledge as is derived from the process of butchering animals for the table. They are acquainted with the principal organs of the body and their right location, and speak of their diseases, but know nothing of their minute action.

CHINESE THEORY OF LIFE.—They are ignorant of physiology, and know little of the great vital functions of the body. Yet they have a theory of life. They are not acquainted with the circulation of the blood. They know the blood moves, but as to its great circuit around the body they are entirely ignorant of.

As a consequence, their theory of pulse is a striking novelty. Wherever in the system they find a pulse they regard it as an independent manifestation, having no connection with any other pulsation. Finding a pulse in the lower extremities, they do not infer that it has any connection with the heart. In their examinations they find as many as two hundred different pulses which are described in their books, each having a distinct indication as to the condition of the different parts of the body. To the foreign physician it looks supremely ludicrous to see them examining the pulse, first in the wrist, then the neck, the breast, the leg, the abdomen, etc., before a correct diagnosis is ventured upon.

Their theory of life runs through all their treatments of disease and their idea of death. It may be called the theory of heat and cold. The living body is a play between warmth and cold. Life is warmth; its great antagonist is cold, and it is regarded as much a positive body as heat. The phenomena of life consists of the constant antagonism between these two forces. The heat of the body is kept up by food; and the great object of food is not so much for nourishment, in their view, as for the purpose of generating heat; and this it does do, according to our knowledge of its chemical effects, so that they are not far wrong. The introduction of food into the stomach supplies fuel for heating the system; it is appropriated by the process of digestion; passes through various channels into the lungs, where by the fanning operation of that organ its excessive heat is cooled. It is diffused by the lungs—not by the heart—throughout the system; and

while so diffused life is kept up; but if cold is allowed to be introduced, which is regarded as a positive substance, it will diffuse itself in the same manner as heat, and a battle ensues. As the battle goes on, heat sometimes gains the ascendancy, and the patient is thrown into a fever; cold sometimes gains the ascendancy, and the patient is thrown into a chill. When heat gains a permanent ascendancy the patient is restored; but when cold gains a permanent ascendancy, death ensues.

They nothing of pathology, and in consequence the great question in their practice is whether the patient must be submitted to the hot treatment or the cold treatment. Attention is directed altogether to the theoretic battle that is going on in the system; and after all I don't know but it turns out pretty well in the end. When the physician finds a patient burning up with a fever, he goes to work to reduce and deplete the system; or if he finds him shaking with a chill, though his theory be wrong, his practice is right, for he goes to work to increase his warmth by hot blankets and stimulants. Many a patient, no doubt, is saved, on a false theory there, as they are, we must admit, in this country.

EVIL SPIRITS—INFLUENCE OF THE MOON.—They attribute their disease and death to the influence of poisons in the air, and to wicked spirits; in this latter respect, however, their ideas are different from those expressed in the Scriptures, where sickness is said to have been caused by wicked spirits. It is not lunacy or insanity that they mean. Insanity is a distinct disease with them, as with us, and not the result of demoniacal influence; nor is epilepsy. And remarkable as it may seem, they use the same word, lunacy, to indicate insanity, attributing the cause to the influence of the moon. And you could, under no consideration, hire a Chinaman to sleep in the moonlight at night.

MULTIPLICITY OF REMEDIES.—The great strength of Chinese medicine lies in the multitude of their remedies. Their materia-medica is as large as ours. It consists of a vast accumulation of materials that, age after age, empirics have said were good for this and good for that. Of such facts their books consist. They are characterized by a vast predominance of vegetable matters. As a science they know nothing of botany; but as far as acquaintance with the characteristics of the plants goes, their growth, and properties when used as medicines, they are exceedingly well versed. I might say with safety, that every plant that grows in China has been studied with a view to its medical qualities, and

no doubt they are in possession of valuable facts that will in time be made useful in other countries; and I might say also, that they are about as successful in the treatment of diseases as physicians in other countries.

Next to vegetable remedies are animal products in their practice. Some of them are exceedingly disgusting in their application to the human system. The more outlandish the animal the better is the medicine. The medicine taken from a shark, for instance, is considered more powerful than that obtained from a better behaved fish; and the blood of a lion or tiger is more powerful as a medicine than the blood of less ferocious animals. The blood of a tiger would be given to a man who needed a little more of the tiger in his composition; and the blood of a lion would be given to one who needed a general rousing up of his powers.

A class of medicines which we have not touched as yet, is the poisonous substances of animals and insects. They do not know how to extract the poisons, but they cut off the stinging portions of insects, scorpions, and such like, which are prized very highly, and apply them in various ways. Some of them prove very powerful and prompt in their action.

They do not deal very extensively in mineral substances, arguing that as but few of the mineral substances are embraced in the human organization, it would not be proper to infuse such substances into the system. Mercury and iron are about the only minerals they use, which they employ in various forms, mercury extensively, in something like our blue pill, and something resembling calomel.

PECULIARITIES OF THEIR PRACTICE.—The physician approaches the sick-room with courtesy and politeness, and having ascertained the nature of the disease of his patient, proceeds to prepare his prescription. Their prescriptions generally are vast compounds; they go on the supposition, very common with other practitioners, that it is best to give several remedies together, so that one or another of them will hit the case. Sometimes they compound as many as fifty to eighty ingredients, and stew them all together and then administer. They hardly ever prescribe less than fifteen or twenty simple medicines. The physician is not so much a prescriber as a seller of medicines. He tells his customers what he thinks is best for them, or their friends, but it is very frequently the case that they make the selection. For instance, he may make up a prescription of ten or thirty remedies

to be compounded, when the question will arise, how much is this to cost? The physician makes as low an estimate as possible, and replies. The patient, or friend, may think it is too high, that it can't be afforded; and one article and another is thrown out, to reduce the cost—often the articles most valuable to the patient. In some cases they can not agree on a prescription, or its price, and the patient deliberately gives himself to die rather than pay the price demanded.

RESPONSIBILITY OF THE PHYSICIAN.—The physician is greatly responsible for his patients. If he fails to cure, the patient or his friend may prosecute him at once. If through any inattention or mistake he has caused the death of a person, he must pay the penalty—which penalty generally means the support of the family. If through a fatal medical blunder this result happens, he is forever afterward prohibited from practicing his profession—a regulation that might, perhaps, prove advantageous in other countries. Visits are never charged; they simply charge for the medicine used, and it is always on trust until the patient gets better—conditions not very favorable for large incomes and great wealth.

NOVEL CUPPING PROCESS.—They employ cupping to a large extent, to relieve local inflammations, etc., but they employ a different process from what we do.

They prepare the place on the skin by scarification, and then a man or woman who makes a business of it applies the mouth and sucks away the blood. Their power of suction, by constant practice, becomes tremendous; and it is sometimes very disgusting, as they also relieve old sores and abscesses in the same way.

HORROR OF WATER.—The Chinese are exceedingly afraid of of water. They do not drink it sick or well, using it only in a limited way as medicine, prescribed in tablespoonful doses. Their universal drink is tea, made just as they want it. On one occasion a little boy fell in a fainting fit, and we resorted to the American method of dashing water in his face. The result was almost a riot among the Chinamen present, who cried out against it with as much horror as if we were murdering the boy. Fortunately for us, he recovered so quickly as to astonish them and save us from harm.

WONDERFUL SECRET MEDICINE.—A man who makes a medical discovery there, keeps it as a secret, making all he can out of it, instead of communicating it to his brother physicians, as is

done with us. There is a remedy known there as the red pill, or *sou shouchin*. It is manufactured by a single family, and is sold in a restricted way among the physicians. It is a powerful remedy, and is resorted to in the low diseases that prevail so extensively in that country. Its prominent indication is its prompt and powerful sudorific influence. I had no means of analyzing it, and perhaps it would have been useless to attempt any discovery, on account of our limited knowledge of their materia-medica. It was slightly narcotic, but powerfully sudorific. I never knew of anything that would run so rapidly through the system, and start perspiration so instantaneously. Some day we may have the benefit of it.

INFALLIBLE CURE FOR HYDROPHOBIA.—Whatever we may say of their ignorance and want of scientific information, they can do what we can not—they can cure hydrophobia. The remedy is confined to a class, or a clique, of physicians, who make a monopoly of curing it. While the physician comes in and prescribes this almost a specific, his superstition carefully prohibits the presentation of anything containing hemp, under the notion that the sight of it will neutralize his medicine. We may laugh at this, but we can not laugh at the fact of his cure, for it is more than we can do with our knowledge.

SKIN AND EYE DISEASES.—The diseases of China are pretty much the same as ours, with the exception that inflammatory diseases are rarer. Cutaneous diseases are more common. Almost every Chinaman has something wrong in his skin, which arises, no doubt, from every one of them being a dirty scamp. They eat, live and die in filth.

They have a great amount of eye diseases, also. Almost every fifth man one meets, he will find something the matter with his eyes; and every fiftieth man loses his eyesight nearly altogether. They attribute it to two things—

EXCESSIVE SHAVING, and the use of rice diet. The diet among the poorer people is almost exclusively rice, with the addition occasionally of a little salt fish. I think they are right in reference to this system of shaving—taking off all the hair of the head except the little cue on the crown. In addition to this they shave all over, nearly, the forehead, nose, eyes, up into the nostrils, in the ears—they make a complete shave of it, and do it frequently, keeping the skin well polished by the operation. This can not be otherwise than injurious; even the shaving of the up-

per lip is, no doubt, injurious. I would like to have my beard grow, stop shaving altogether, but custom seems to forbid it, in my case, at least.

ORIGIN OF THE CHOLERA.—They claim the honor of instituting the cholera. They have a history of it, something to this effect: That in the last year of the Emperor Tow Kang, 1826, in the city of Song-Kiang, there was observed a red vapor rising above and hanging over the whole sea. It was perfectly calm, and the cloud hung there for three or four days. The people became greatly alarmed, resorted to their charms and other methods of warding off evil, such as the burning of great quantities of fire crackers and the ringing of gongs. Finally an eastern wind came up and carried the vapor over the city. Instantly it was submerged with cholera, and the cloud passed off northward into Tartary. The symptoms of the the disease, as described in their books, are the same as those of cholera here. The Chinese are close observers, and I have the utmost confidence in what they put down in their books. From Tartary they trace the cholera into Siberia, thence into Russia, and from there into France, reaching Europe in 1831 or 1832, which agrees with our knowledge of its advent in the Western World.

I was surprised the other day at seeing in one of the city papers a recipe for the cure of the cholera closely resembling the remedy used by the Chinese. It was to fold a napkin into a hard roller and press it against the anus tightly, to prevent the discharges. The Chinese pursue the same method, but do the work more effectually. They will admit of no rice water discharges. They give some medicines, and apply the moxa along the spine. They report themselves very successfull—as some of our physicians are in the habit of doing. But I would seriously debate the question between their cure of cholera and death before submitting to their treatment.

IGNORANCE OF SURGERY.—Surgery, as a science, does not exist in China. The physicians some times very clumsily set a fracture or reduce a dislocation. They are perfectly astounded at seeing a foreign physician apply the knife. Nothing could induce them to cut off a man's leg. I once met the case of a young man with a dislocated arm, who was suffering severely. I asked if he had not called a physician to put it in place. "Yes," he said, "one had tried to draw it in, but could not succeed, and he had been poulticing it for three months, hoping the poultice would draw

sufficiently to get it right." The poultice, I learned, was a live chicken pounded to death and applied to the arm.

IGNORANCE OF OBSTETRICS.—Obstetrics is altogether in the hands of mid-wives who know nothing of the great principles of childbirth. The physician is never called in, not even in critical cases, unless disease sets in. If a false presentation happens, or anything else goes wrong, the ignorant woman knows not how to remedy it, and the woman dies. The wife of one of my servants had suffered three days in labor, when the husband asked me to see her. From what the patient said, I was confident it was a case of false presentation, and could be remedied in a few moments, but it was contrary to Chinese custom for a male physician to have anything to do in such cases, and no arguments or inducements could prevail on the husband or wife to permit me to save the woman, and she died.

Where such ignorance and prejudice prevail, it is fortunate that the labor of Chinese women is not so severe as among more civilized nations. It is a very common thing for females to pursue their regular work, without the intermission of a day, in giving birth to their children.

CONCLUSION OF THE WHOLE MATTER.—I would not have you go away with the idea that the practice of medicine in China is all superstition and folly. Physicians in that country, under the providence of God, have been a great blessing to the people. Four hundred millions of people depend upon them for relief, and it can hardly be denied that under their treatment they get well about as often as patients do under our treatment. They have done a vast amount of good in relieving the sufferings of the sick and afflicted.

At the close of the lecture, on motion of Dr. Mussey, a vote of thanks was given the lecturer, for his interesting entertainment.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Modified Linear Extraction.

IN continuation of articles already published on this subject, I will give a summary of Dr. Græfe's recent and more matured views, as he has given them in the *Archiv für Ophthalmology*, (Vol. XII, Part 1st, 1866). He has recently made a more general application of this method to the congenital cataracts of children, to lammellar cataract, and cataracts not yet matured. The whole number of operations, made according to the rules given, in the last year reaches about three hundred. In ninety per cent. a perfect result (vision between $\frac{1}{6}$ and $\frac{5}{6}$) was obtained. In eighty-two per cent. healing took place without any complication. In eight per cent. only were there temporary accidents in connection with the cicatrization. In these are included transient irritation in the incision or the iris, and intracapsular cells, the prolapsus of small portions of the iris in the wounds, and slight alterations of the vitreous humor which soon disappeared. In ten per cent. on the contrary the result, as to sight, was not satisfactory. This number may be divided into cases of complete failure and those of partial success; the majority comprehended under the later, because secondary operations are indicated, which may make the result perfect. In total we may give a final result of ninety-four per cent. of successes, (vision more than $\frac{1}{6}$), as afforded by this operation up to the present time. These statistics, already much more favorable than those of flap extraction, are still more satisfactory when we consider that the operation has been practiced at periods of development, and in forms of cataract, as well as in individuals, where the flap operation would be resorted to only in cases of absolute necessity and always with misgivings. For instance, in old and poor people, unable to make a second trip, on account of the distance and want of means, he often operated on the second eye, in which the cataract was but partly matured, one or two weeks after that of the completely blind eye. In fact he has operated under similar circumstances on a series of cases, which, on account of the thinness of the opaque portion of the lens, might be classed as incipient cataract, although

vision was seriously impaired. In middle aged persons frequently operations were performed where there were opacities resembling lamellar cataract, and others with simply opacities of the posterior cortical substance with the main portion of the lens still perfectly clear. In such cases he formerly operated either by modified incision, or by extraction, after a previous puncture of the capsule to produce complete saturation, or wait for spontaneous maturation. In order to demonstrate the independence of the healing process from general and local complications, the most unfavorable conditions in both respects were sought out—relations under which the flap operation would either not be risked at all, or else practiced under the most pressing necessity. As an example, he cites a case of marked facial spasms, which was so increased every time the eye lids were touched, that a careful examination of the cataract, before the operation, could scarcely be effected. The result was pan-ophthalmitis, in one eye, and the other, restoration of sight equal to $\frac{1}{3}$. Another patient with the senile atrophy of the brain, in which maniacal attacks occurred on the day after the operation, gave perfect results in both eyes. Still further some cases of conjunctivitis with excessive secretion, of granulations, and of inflammation of the lachrymal sac, conditions which he would formerly have attempted to relieve, before making a flap extraction, were subjected to operations. Then again others complicated with staphyloma posticum and opacities of the vitreous humor; and with chronic iritis or irido-cyclitis. If then, in spite of all this, the results are as above stated, this operation might be consistently adopted as an exclusive method, independently of the consideration of the shorter duration of the healing process and the far fewer annoyances to the patient.

Reasoning from the above statistics and facts Dr. Græfee ventured the assertion that modified linear extraction as an exclusive method, deserves to be seriously considered. Whether it will eventually take the place of flap extraction entirely, remains to be decided by future observations. As suggested by the author himself, it will be more in accordance with the interests of science, as well as of patients, that those who have attained great skill in flap extraction, and had good results, should not desert it at once, but begin by adopting *linear extraction* in cases *peculiarly unfavorable* for the flap operation.

He operates always with the patient lying. For the left eye he sits on the side of the bed to the patient's left hand till the inci-

sion and the iridectomy are completed, then seats himself on a chair behind the patient for the completion of the operation, in order always to manipulate the instruments with his right hand. For the right eye he sits at the patient's head. He has the head of the patient held firmly, by the hands of an assistant, laid flat on the temple, in this, as in all other eye operations.

As to the advantages of narcotism by chloroform, he thinks they are only exceptional. In the beginning he used it in ten per cent. of his cases but afterwards still more rarely. The security which it gives against escape of vitreous is more than counter-balanced by the inconvenience. This accident became less and less frequent, with the increasing dexterity acquired in the execution of the different and delicate steps of the operation. The chief objection to the use of chloroform, is the difficulty of securing the co-operation of the patient in the final maneuver of clearing the pupils of cortical substance after the exit of the lens. To do this promptly and successfully, the patient must turn the eye downwards at the request of the surgeon, which he will not do perfectly till complete consciousness and self-control are established. In certain cases however anæsthesia does render great persons with rigid eye lids, prominent eyes, blephero.phymosis, service. When the muscular pressure is unnaturally great in much reflex excitability, and little self-control, the complete relaxation from chloroform, greatly facilitates the operation, and makes the result more certain. All persons who are very sensitive and anxious about the apprehended pain and risk, should be narcotized.

He uses the usual wire stop speculum to separate the lids and removes it immediately after the escape of the lens. As to the point for fixing the eye with the forceps he insists on seizing the conjunctiva exactly at the middle of the lower edge of the cornea. The sclero-corneal incision is made according to the rules already given. It is possible that in very compact cataracts, it may be found better to use a knife about a third of a line broader than the narrow knife he now employs. With this, the puncture and the counter puncture might be made $\frac{1}{3}$ ''' farther back in the sclerotic and the track of the wound less steep, and the incision more approaching a flap, in order to avoid the use of all instruments of traction and procure the easy escape of the cataract by the sliding maneuver alone. At present however there seems to be no good

reason for deviating from the linear incision as described in the December number of this Journal.

In regard to the conjunctival flap, Dr. Græfe after many modifications, finally adheres to his original directions to turn the edge of the knife suddenly forwards and downwards, after terminating the sclerotic section, so as not to make the flap very large. Before the iridectomy, the conjunctival flap is to be turned down over the margin of the cornea so that none of it shall be cut away when the iris is excised. The important point in the iridectomy is to make it extensive and be careful to leave no iris in either angle of the wound. Should blood escape into the anterior chamber after iridectomy, he advises pressure on the lids for a few minutes with a pellet of charpie, and then with the scoop to press gently on the sclerotic lip of the wound so as to induce it to escape. This is necessary in order to see the cystotome during the act of dividing the capsule. The capsule should be carefully lacerated, as previously directed, entirely to the margin of the lens, so that the latter can readily escape. At the moment of dividing the capsule, he advises traction with the forceps downwards and careful pressure with the same so as to render the capsule tense. Where the lens is hard and unnaturally adherent to the capsule, as in over-ripe cataracts, he recommends the passage of the cystotome along the edge of the lens on the flat, so as to cause the capsule at the margin to retract still farther.

In cases of thickening of the capsule from deposits on its inner surface, he uses curved forceps to extract it, instead of simply dividing it with the cystotome. In all other particulars he follows the original advice.

Exit of the Lens.—For some time after adopting this operation, he brought out only soft cataracts, or those at least with soft and abundant cortical, with the sliding maneuver alone. In hard cataracts, he introduced immediately the blunt hook to bring away the lens. From January to April of 1866, he operated on one hundred and twenty cases in succession by the sliding maneuver with the scoop, without the introduction into the eye of any instrument of traction. This shows conclusively that with the proper patience and care, cataracts of all sizes and degrees of consistence can be successfully removed without introducing any instrument to draw them out. After the first fifty of these hundred and twenty operations, he was inclined to discard all instruments of traction, and thus simplify the operation still

farther and make the results perhaps better. A more extensive observation has induced him, however, to modify his views on that point. Although the cataract, in that way, is practicable in all cases, by observing the minute directions he gives, yet the question arose whether the long continued friction upon the posterior lip of the sclerotic incision, and the labored accouchment of the lens in given cases, did not cause more injury to the eye than the more speedy extraction by the aid of the blunt hook. In discussing the advantages and disadvantages, first of the simple pressure, and then of the introduction of the hook, two especially are noticed in favor of the simple pressure. The first is that the lens (nucleus and cortical) is more completely evacuated than when the hook is used. Secondly there is less risk of loss of vitreous humor. Still as to the latter accident, however, he finds its frequency somewhat diminished with his increasing skill in maneuvering the hook, as well as in all the steps of the operation. His conclusion is stated as follows :

“ Although the removal of all cataracts, even the hardest, is practicable by the sliding maneuver rightly executed ; still the hook has its advantages in these cases when the lens does not present itself readily in the wound and advance easily and harmlessly by the to and fro, and the directly backward, sliding of the scoop. The applicability of this simple pressure is much more general than I have stated in my first article, and, in consequence of its great advantages, to be recommended in about seven out of eight cases, the hook being necessary, therefore, only in $\frac{1}{8}$ of the whole.”

He advises a resort to the hook only when the simple pressure (to be first tried in all cases) fails to cause a ready presentation and easy advance of the lens. As it is impossible, even with the greatest experience and diagnostic acumen, to tell exactly the consistence of each cataract and its degree of adherence with the capsule, it is safe and wise to try the simple pressure alone, before taking up the hook. He thinks that it is better to adhere to the usual linear incision and to introduce the hook when necessary rather than to make a larger incision and one approaching more to a flap, and dispense with the hook altogether. The risk from the use of the hook, being less than inconveniences of a longer incision.

When the lens is just ready to escape the patient is told to turn the eye strongly upwards. In this position the wound closes

more perfectly and the eye is more secure from the risks of sudden pressure when the speculum is taken out, by the involuntary action of the lids. He insists on clearing the pupil of all cortical substance, and replacing the conjunctiva over the sclerotic wound by stroking it upwards with the convexity of the curved forceps. This gentle rubbing with the forceps, even when the flap is in its place, is advisable to bring out any particles of lens that may be entangled between it and the sclerotic.

After Treatment.—Although after the linear extraction it is not so necessary to secure perfect quiet; still he recommends that patient should be kept in bed for the first two days, unless he is evidently depressed by it in mind or health. As to diet, he attaches little importance, other than giving patients soft food, that does not require mastication. For the first week, the eyes should be protected from light by darkening the room. In the course of the second week, if all goes well, the eye may be gradually accustomed to light so that the patient may leave the room in ten or twelve days. He attaches great importance to the bandages carefully applied, and kept up for four or five days. I have not room to give the minute details which he observes in the application of the bandages, but refer the reader to his published articles. After the first thirty-six or forty eight hours, he commences the use of atropin twice a day, but does not resort to it earlier, unless symptoms of irritation arise. For the masterly and exhaustive manner in which he has treated the whole subject, I can not too earnestly recommend a careful study of all he has written on cataract in the journals above cited. My own experience with the *Modified Lencar Extraction*, has not been extensive enough to justify any very decided opinion, still I believe it is destined to supercede all others.

Correspondence.

BOSTON, Mass., Feb. 9, 1867.

MESSRS. EDITORS—An editorial change in the *Boston Medical and Surgical Journal* is announced in this week's issue. The junior editor, Dr. J. C. White, retires, and is succeeded by Dr. L. Parks, jr. Dr. White has been connected with the *Journal* for nearly five years, and the new duties, arising from his position as assistant Professor of Chemistry in the Harvard Medical School, is assigned as a reason for his retirement from the department he has so ably filled.

Under the management of Drs. Abbot and Parks, the *Journal* will unquestionably maintain its former rank as among the best medical publications in this country.

Our legislature has under consideration an act to *incorporate the New England Homeopathic Medical College*, to be located in this city. The councillors of the Massachusetts Medical Society, at a meeting held on the 6th inst., passed a *remonstrance* against the granting of such an act of incorporation; but it will be of little purpose—the charter will be voted, and we shall have a rival school. To what extent it will draw from the attendance at the Harvard school remains to be seen.

That legislatures, as a rule, are always ready to foster every species of quackery and irregular practice, by granting charters and endowments, to bolster institutions which have for their object the professed purpose of instructing men and women in all of the various heterodoxies of medicine.

A few years since an Eclectic school was established at Worcester, in this State, but it did not live to flourish long.

The Suffolk District Medical Society, voted, at its last meeting, to send a commission, consisting of three or more of its members, to the Paris exhibition. This commission act as delegates to the Medical Congress, to be held in Paris in August. American medical literature has arrived at such a point of maturity that it should be known more in Europe than it is at present. So, too, with our inventions of surgical instruments. The profession have done something in that branch of surgical mechanics, and we trust European surgeons will learn that we do not borrow every thing from them.

The third annual report of the Trustees of the City Hospital, for the year ending December 31, 1866, has been published. At the commencement of the year, there were 117 patients in the hospital. Admitted during the year, 1432; surgical, 654; medical, 652; ophthalmic, 106; small-pox, 20. Discharged and died, 1386; relieved, 288; not relieved, 94; died, 123. There 3324 out patients; ophthalmic, 1369; surgical, 1003; medical, for nine months, 952. There were 345 cases of accidents. Whole number of out patients, 20548; number of patients remaining in hospital at the end of the year, 163. The small-pox cases are treated in a distinct hospital, or building. The increased demand for admission to the hospital, and the continued pressure of out-patients, render it almost certain that additional accommodations will soon be required to meet the wants of those seeking medical and surgical aid.

We have an institution, called the *Washington Home*, that has existed about eight years. Its object is to treat and reform *in-briates*. During its existence, 2300 patients have been treated. In the year 1866, there were admitted 349; reformed, 215; improved, 65; incurable, 9. Of the remaining 60, some had died, others have been lost sight of. There were 41 cases of delirium tremens; 410 have suffered from the various forms of mania since the opening of the Home. Most of the deaths that have occurred, have been from phthisis and pneumonia. During the year, 34 returned a second time; 18, a third; 6, a fourth, and 2 for a fifth,

Inebriety is here treated as a disease, and the results have been most encouraging. Among the few of the leading occupations of those admitted, I find that there were, merchants, 56; clerks, 68; lawyers, 8; doctors, 6; clergymen, 3; pyinters, 11; actors, 4; chemists, 2. B.

SPRINGDALE, Hamilton County, Ohio,)
February 15th, 1867. }

DR. E. B. STEVENS, Dear Sir—In looking over the proceedings of societies in the January number of the LANCET & OBSERVER, I saw a discussion in the Cincinnati Academy on the subject of the effect of a pregnant woman's mind upon the fœtus. A case in point occurring in my practice recently, may be of some interest, so I give it; you can publish it or not, as you think best:

On the night of January 24th, I was called to attend on a Mrs. S——, for her fourth confinement. When I arrived I found a footling case with the body born, and the child dead. The husband stated to me that he had made repeated attempts to "pull it out," but could not, and that it had been that way for two hours. After a little while, I succeeded in delivering the head, which was locked pretty firmly in the pelvis. I found I had a monstrosity, and after I had attended to the woman, I removed the child to where I could examine it, and found it hydrocephalous, and both *legs* bent just above the ankles, inwardly, so that the foot almost touched the leg. The ankle joint was perfect, but the tibias and fibulas were bent.

Upon inquiry, the woman told me she had never seen a child like this one, but had been told by some of her neighbors, while she was carrying this child, of children that had been born with big heads and other deformities, close to where she lived, and that she had been *thinking* a great deal about it, and her prayer had been constantly, "that the good God would not let her babe be like one of these." She said that often in her thoughts, she exclaimed "what if my child should be like one of these!"

In all probability, the morbid condition of Mrs. S——' mind was the cause of the deformity of her child. Her other children are physically perfect. Very respectfully, Yours,

O. BRITTON.

Editor's Table.

American Medical Association.

AS our readers are aware, the next meeting of the American Medical association will convene in the city of Cincinnati on the first Tuesday in May, 1867. As expressed recently by an esteemed correspondent of a neighboring State, it is to be hoped that it will be in all respects the most pleasant and most interesting that the Association has ever held. And we believe it will be, should the health of the country, and especially of this city, continue as good as seems probable at present. But the time is rapidly passing, and it becomes all parties to be busy in making

all requisite preliminary arrangements. We learn that the committee of arrangements are busy, and all needed plans for the accommodation of the Association will be speedily and duly perfected. It is time societies and other bodies entitled to representation were selecting their delegates; and we trust that the state of the country, in all its aspects, will suggest an unusual interest in this gathering in every section of our common country.

A number of matters of importance to the well being of the Association as well as the profession at large, will probably come up for consideration; some of these we may find time to indicate at more length at another time.

The influence of the Association will also be sought most likely in furtherance of questions pertaining to Medical Education, and Medical Colleges. It will be remembered that, on motion of Dr. Hibberd, of Indiana, the question of lengthening the term of Lecture season was discussed, in response to action had by the Convention of Teachers, held in Cincinnati, and in response also to the action of that Convention, the Association "earnestly requested the Medical Colleges of the country to hold a convention for thoroughly revising the whole system of Medical College Instruction, for the purpose of establishing more uniformity of time and a more systematic course of instruction for the whole." That Convention will be held in Cincinnati at the same time with the meeting of the Association, and it is hoped will contribute important results concerning a number of points as present sadly wanting in harmony of action, and yet very important in the interest of Medical teaching. To carry out this resolution on the part of the Association, Dr. Davis, of Illinois, is chairman, but as yet we have no advice from him of a plan of action.

Hospitals in Lebt.

IT is singular with what apathy the great public regard the pecuniary interests of the great charities of the country. One of the vital necessities of large commercial cities is their well regulated Hospitals. The best surgical and medical skill of our great cities is freely bestowed in the attendance of these institutions without compensation, but the most imperative demands for their maintainance are doled out with a niggardly and grudging hand. Recently we observe that the old Pennsylvania Hospital has been put to the shameful necessity of making a special appeal to the public for an increase of funds for its support.

That Hospital has been the nursery of the best physicians and surgeons of America ; has afforded to them the field for their development and culture. But after all it is the community at large that is the benefitted party—they reap the advantages, and should promptly see to it that the necessary means are provided for its ample and generous support. A similar state of need applies to the New York Hospital, to such an extent that it has even been seriously proposed to make sale of its present and beautiful location, and erect a new Hospital at some point further up town, where real estate is not so valuable. We trust this will not be necessary. New York Hospital is one of those professional monuments we should be sorry to see torn away, and it occupies a position of very great importance to that city.

We trust these embarrassments of other cities will afford a lesson to the authorities of our City of Cincinnati; that they may see to it that our new Hospital shall be erected with an eye to the wants of at least fifty years of posterity, and be provided for in accordance with the ability of a great and growing city, rapidly stretching out in the race for a quarter of a million of population.

Legal Recognition of Prostitution.

THE New York Legislature is seriously engaged in considering the question of recognizing the evil of prostitution, and devising plans for throwing about this great social vice some uniform and salutary restrictions. It is stated that in the city of New York there are more than two thousand houses of ill-fame of all grades, and twenty-five hundred courtesans ! It is everywhere the vexed question of public morals. It has been so for ages ; we may presume it will ever be so, until the natures of men become converted to new ways. The most earnest efforts of law-makers, and philanthropists, and christians, have alike failed to make any progress in the eradication of this evil. Homes for the penitent do not meet the question, and in the meantime these haunts of vice continue to send forth their perennial streams of pollution, carrying, not mere death, but disease and misery to the whole social fabric—the guilty and innocent suffering alike the penalty of transgression.

Mr. Assemblyman Jacobs proposes to ignore the question of total suppression, and address himself to the only practical one of restraint. We find the following summary of his bill in a recent issue of *The N. Y. Med. Record*. “He proposes to invest

the police with power to demand that every girl whom they may see entering a known house of ill fame, shall exhibit a paper showing that she has been duly recorded as a public prostitute, and in the event of her inability to produce such paper, she is escorted to the Central Office, and there given the option of registering herself a public prostitute, or of seeking an honest livelihood in the respectable walks of life. This at once appeals to any lingering feeling of delicacy, and it is to be hoped that not a few of these unfortunates will hesitate to thus announce their determination to pursue a loathsome trade." The bill further provides for the registration of houses of ill fame and of assignation houses; as also for the enforcing of safeguards against infection. This police supervision of this moral plague, has long been recognized and required in Paris; it was so to some extent in New Orleans during the war; and during the military occupancy of Nashville, there was, to some extent, a medical police supervision of prostitutes which is reported to have had favorable results, so far as controlling the matter of infection.

Good people are horror stricken at these propositions, and we note some very severe reflections upon the subject by some excellent religious newspapers; but some of the purest medical men the world knows have carefully studied this matter, and have deliberately concluded that the cause of humanity requires some well devised system of legislation enforcing a strict medical and police supervision of the whole matter.

Increase of the Lecture Fees,—Letter from Prof. Gross.

WE find the following letter from Prof. Gross in the *New York Med. Record*. We think he is, perhaps, something in error in some of his statements, as in some of his views—but the letter is interesting, and we give it without further comment at present:

"In a late number of your journal it is stated by your Philadelphia correspondent that the diminution of the classes in the University of Pennsylvania, and in the Jefferson Medical College of this city, is due, in great measure, to the increase in the price of tickets adopted here, at New York, and at Boston. This decline, shared by all the schools in these three cities, is, I think, justly ascribable to very different causes. I do not myself believe that the raising of the fees has prevented the attendance of a single student. I have taken some pains to inquire into this matter, without having heard a solitary objection. Indeed, there is every reason to believe that the measure is an entire success.

This is certainly the opinion here, and, I think, also in New York, if not in Boston.

The causes which, in my judgment, lie at the foundation of this decline, and which every sensible man must regard as of a very temporary nature, are: first, the re-opening of the medical schools in the Southern States; secondly, the great scarcity of money in that vast region of the country; thirdly, the diminished demand for army and naval surgeons; and, lastly, the existence of cholera during the autumn in at least two of the cities above mentioned. Although this disease did not, at any one time, prevail as an epidemic, the reports concerning it were much exaggerated; and, no doubt, induced many students, who would otherwise have attended the lectures in the schools that raised their fees, to seek other institutions.

The Michigan University, at Ann Arbor, is said to be a very large class. It had a very large one last winter, before the Philadelphia, New York, and Boston colleges increased the price for their tickets. It is generally supposed that at least one reason of the very flourishing condition of the Michigan school is, that it is a free institution; and yet a member of its faculty, only a short time ago, published a statement in one of the medical journals of the country, that the aggregate expenses of a course of lectures there quite equalled those in any of the metropolitan colleges. This fact, then, is either not generally known, or, if known, it shows that Ann Arbor must possess extraordinary attractions for medical students.

"I have seen no reliable information concerning the condition of the Southern schools; but I have heard from several, and in those the classes are not large. A letter received from a highly respectable physician of Cincinnati, dated December 22d, has the following statement: 'The medical colleges here have small classes; the Ohio about 150, and the Miami over 100. The classes are all small at St. Louis and Chicago. . . . The cholera appearing in a severe form, for a second time, just as the schools opened, frightened away many students. Some died of the disease in this city.' The number of students in the University of Louisville, (now the only medical institution in that city) is small.

"I have considered it my duty to write this letter, briefly setting forth what I believe to be the only true causes of the diminution of the classes in the schools that adopted an increase in the price of tickets last summer. The change was, in my opinion, eminently wise and proper; and I trust that it may soon become general throughout the country.

"I have the honor to be, very respectfully, your friend and obedient servant,

S. D. GROSS.

Extirpation of the Uterus—DR. WOOD'S Case.

CINCINNATI, Feb., 1867.

DR. E. B. STEVENS, *Dear Sir*—It is my duty to inform you that the case from which I removed the uterus, as reported in the LANCET, died since that report was in your hands.

A post mortem examination was made by Prof. W. H. Taylor. I send you his report which you will please insert in the February number of your Journal. I am truly yours,

THOS. WOOD.

POST MORTEM EXAMINATION THIRTY HOURS AFTER DEATH.—
Body much emaciated.

Adhesions of right pleura at the apex of the lung; left pleura normal. Numerous miliary and small yellow tubercles scattered through all parts of both lungs.

The cicatrix of the abdominal section extended from the left of the umbilicus to within half an inch of the pelvis; it was firmly united throughout.

The omentum was adherent to the abdominal wall along the line of the cicatrix, and to some of the coils of the intestine beneath.

The intestines in the lower part of the abdomen were firmly adherent to each other, and in a transverse direction to the anterior abdominal wall, about an inch above the pelvis. Beneath these adherent intestines was a large abscess cavity, containing a small quantity of dark sero-purulent matter.

The upper wall of the cavity was formed of adherent intestine over the surface of which was a very dense, thick, false membrane. The lower wall was formed by the peritoneum extending from the rectum, around the vagina, over the bladder to the anterior wall of the abdomen. Anteriorly it had communicated with the lower extremity of the incision. Laterally it was bounded by united coils of intestine. At the lower portion of this cavity was a sinus communicating with a smaller one, having similar contents, in the left side of the pelvic cavity.

All the surrounding structures were thickened and indurated. The remaining portion of the uterus projected into the lower part of the large cavity. Its cut surface was granulating.

A depression in its upper surface indicated the site of the canal of the neck, which, however, was closed.

The ovaries were adherent to the sides of the stump of the uterus. The other abdominal organs were comparatively healthy.

Er. O'Reilly's Prize.

IN the January number of this Journal is a notice of Dr. O'Reilly's prize of \$600 through the Academy of Medicine for the best essay on "the vital or ganglionic nervous system, etc." That notice was selected from the New York Record, and printed by oversight without due credit. The oversight makes the paragraph read as though the prize was offered through the Cincinnati had been made, there would have been correctly understood as it Academy of Medicine; whereas, if the proper acknowledgment should—the New York Academy of Medicine.

The Cincinnati Journal of Medicine—

FOR January comes to us with the name of Dr. THOMAS H. KEARNEY as one of the editors, the name of Prof. Bartholow, which appeared as one of the original corps editorial having been dropped. The Journal has been re-arranged in some of its details, as we think, decidedly for the better. The size is also increased to 64 pages, and the price made \$3.00 per year.

Rush Medical College—Commencement.

THE Annual Commencement of this School was held on the 30th of January, ult. There were 72 graduates against 90 of last year. The valedictory was by Prof. INGALLS. We regret to see our esteemed neighbors of the Rush College thus making so light a matter of a course of medical instruction. The present session could scarcely have afforded three months of lecture term! Are students and practitioners willing to encourage such a plan of instruction? The age and influence of this prominent school of the north-west should warrant it in taking a very high stand in all that pertains to granting the Doctorate.

In this connection we notice that Prof. Gunn, of the Michigan University, is elected to fill the vacancy in the Chair of Surgery, made by the death of the lamented Brainard.

The Boston Medical and Surgical Journal.

THE new volume—LXXVI—of this valuable weekly Journal of Medicine announces the retirement of Dr. WHITE, who has long aided in the editorial management. Dr. LUTHER PARKS, Jr., takes his place; Drs. Abbott and Parks being now in charge.

Errata.

IN the Ophthalmological Department, last month, page 27, eight lines from top, the strength of the solution of nitrate of silver is given as "3 to 4 grs." It should read 30—40 grs.

In Dr. Wickersham's article, page 13, same number, fourth line from top, reads "*her labors were rather severe.*" It should be "*labor was;*" and line twenty reads "*attentions were renewed,*" should be "*were rendered.*"

To Subscribers.

OUR DELAY in issue of the January number, has brought us a very extended correspondence of inquiries, far beyond our capacity for reply; to all subscribers, whose letters indicate a failure to receive their January number, judging by date, we have mailed a duplicate copy. Should there be any others who have not yet received, we trust they will be good enough to communicate again, and we will supply all failures to the best of our ability.

"Medicus," Brooklyn, N. Y.

THE following note is in reply to an Editorial paragraph of last month. We did not mean to make discourteous reflections, or unjust—and do not believe still that in spirit, they were so.

E. B. S.

E. B. STEVENS, M. D. Dear Doctor: On page 37 of January Number *Lancet and Observer*, you have, probably through inadvertence, accused the Long Island College Hospital of claiming to originate the union of Didactic and Clinical instruction. All this institution claims in that direction, is the having the lecture-rooms in the same building with the Hospital. The advantage of this arrangement consists in the facility with which patients may be brought from the wards, and from the "out-door department" into the lecture-room; or, where this is impracticable, the students may, without loss of time, be introduced to the wards. The number of students who thus receive clinical instruction is probably sixty per cent. greater than where the school and hospital are in separate buildings; and especially, as in most instances, where they are located in different sections of the city. It is still believed that this arrangement was inaugurated in this country by the Long Island College Hospital, and that the Bellevue College claims to have been the next to take the same step for facili-

tating instruction in the practice of medicine. If the Council of L. I. C. Hospital are mistaken they would be glad to have it shown that the evil might be corrected. I speak positively, although without their authority or knowledge.

MEDICUS.

Brooklyn, New York, Feb. 18th, 1867. }

Convention of Medical Teachers.

IN another article we noticed this important meeting. Since it was placed in type we have received the following Circular from the Committee:—

MEDICAL CONVENTION.—At the meeting of the American Medical Association, held in the City of Baltimore, May 3d, 1865, the following resolution was adopted with much unanimity, and the undersigned appointed a committee to aid in carrying it into practical effect:

Resolved, That this Association earnestly requests the Medical Colleges of the country to hold a Convention for the purpose of thoroughly revising the present system of Medical College instruction, and that a committee be appointed to aid in carrying the resolution into effect.

In fulfilling the duties enjoined on them, the undersigned respectfully and earnestly invite the Trustees and Faculty of each Medical Colleges in the United States to send representatives to a Convention to be held in the City of Cincinnati, Ohio, on Friday preceding the next Annual Meeting of the American Medical Association; namely, on the 3d day of May, 1867. We would respectfully suggest that all delegates to said Convention be prepared to consider fully and act upon the following subjects:—

1. The adoption of a more uniform and just rate of Lecture Fees by all the Colleges in this country.
2. The adoption of measures for securing more thorough attention on the part of students, to the more elementary branches of medical science, and a more progressive order of medical studies.
4. The practicability of requiring Three Annual Courses of Lectures, instead of two, as a condition of graduation; and of making Hospital Clinical Instruction a necessary part of the Third Course.

5. The practacability of establishing and exacting some appropriate standard of preliminary education for young men proposing to enter upon the study of medicine.

Feeling confident that a free interchange of views upon these, and such other topics as the Convention might deem proper, would result in the adoption of measures of great importance to the interests, honor, and usefulness of our profession, we again cordially and earnestly invite your co-operation.

N. S. DAVIS,	} Committee.
S. D. GROSS,	
WORTHINGTON HOOKER,	
M. B. WRIGHT,	
GEO. B. SHATTUCK,	

Sudden Death in a Dentist's Office.

LAST week, Edmund Kerosin, a young man, 23 years old, entered the office of Dr. Ralph Lee, a dentist of this city, to have a tooth extracted. Anæsthesia was produced by nitrous oxyd gas, a cork having been placed between the teeth to keep the mouth open. As the tooth was extracted, we understand, it slipped from the forceps, and with the cork was drawn into the mouth. The tooth was subsequently thrown up from the stomach, but the cork—which does not seem to have been missed—entered the larynx, and by its presence there caused suffocation and death in an hour. A post mortem revealed the presence of the cork in the larynx and the cause of death. This case and its lamentable result should serve as a caution to those who employ such adjuncts in the dental laboratory, and the physician who may be suddenly summoned to patients in a dentist's office, should bear in mind the possibility of an accident like this, and be prepared to open the larynx, if need be, which in this instance would in all probability have given instant relief, and saved the life of the young man.—*Phil. Reporter.*

BY the election of Gov. SWANN of Maryland to the United States Senate, our friend Dr. C. C. Cox, late Lieutenant Governor, becomes Governor of the State. We scarcely know whether to congratulate him. It is bad enough for a physician to be expected to cure fevers, cholera, consumption, and small-pox, to say nothing of the syphilis, etc., and to run the risk of

contamination—but, in addition, to impose on him the necessity of coming in contact with, and treating the horrible maladies that affect the body politic, is simply a barbarous cruelty, that should enlist the sympathy of the Society for the Prevention of Cruelty to animals! Delaware has also a physician for Governor. New Jersey has had two within a few years, and according to some is still in a "bad way." Perhaps it may yet devolve on some JENNER of our profession, to discover some protection against the corruptions of the body politic.—*Phil. Reporter.*

Estimation of Female Nurses by Soldiers in Hospital.

THE London *Times* records the arrival of Miss Shaw Stewart, and eight other lady nurses, at Woolwich, from Netley, and says that the inmates of the military hospitals prefer the attendance of the male nurses of the Army Hospital Corps. Of the three hundred patients now in the Herbert Hospital, nineteen out of twenty have expressed their dislike to having the attendance of these lady nurses thrust upon them, contrary to their desire.

Medical Education in Great Britain.

ACCORDING to the London *Lancet*, it has just been enacted in Great Britain that no medical student shall be admitted to lectures until he shall have been closely examined in the higher branches of an English education, with mathematics and Latin; that no student shall be examined for his final degree, until he shall have attended four winter sessions of lectures, or three winter and two summer sessions, including in each session all the branches of Medicine, with Physics, Botany and General History.

Reviews and Notices of Books.

THE TRANSACTION OF THE AMERICAN MEDICAL ASSOCIATION: Vol. XVII, 1866

WE published the proceedings of the last meeting of the Association in full in this Journal, and therefore we omit any notice in this connection, of the business feature of this volume. Of the regular contributions, we have first in order the annual address by the President, Dr. Storer, which is chiefly devoted to a discussion of the questions growing up in the relations of Specialties and the Regular Profession. A very interesting essay by Dr. S. Little, of Philadelphia, discusses the "Relation which Electricity sustains to the cause of disease." Some important surgical appliances are reported—as apparatus for treatment of fractured patella, by Dr. Boissut; and a form of clamp shield, designed more particularly for lessening certain dangers in operations upon the uterus at its removal, by Dr. Storer. Paralysis of the vocal chord, with aphonia, by Dr. J. Solis,—Cohen of Philadelphia.

Fourth section on Practical Medicine, we have some very good papers. The report on diphtheria, by Drs. Holten, Norton, Ryerson and Allayne is carefully made up and instructive. A large number of other papers swell the volume, and their mere enumeration would make quite an extended notice. We notice that the present volume, as compared with some of its predecessors, is smaller in bulk, but it contains much valuable and interesting matter. The essay to which the prize was awarded is on *Digitulus*, by Prof. Samuel R. Percy.

The volume is late in its appearance, but the delay is satisfactorily accounted for as we think, by the publishing committee. From the report of the Treasurer, we make the following quotations, showing the wide-spread indifference to the purchase of the Transactions by the Profession:

"The permanent members of the American Medical Association will not purchase the volume of *Transactions*, unless this Association ceases to refer masses of matter for publication, and the bestowal of an annual prize., Vol. XVI is the last annual volume that can be published." The present subscription to the

Association is \$5 00 a year, and the volume of Transactions amply repays the outlay.

AN INDEX OF DISEASES AND THEIR TREATMENT.—By THOMAS HAWKES TANNER, M. D., F. L. S., etc. Philadelphia: Lindsay & Blakiston, 1867. Price \$3 00

THE volume before us is in some respects an exceedingly convenient and useful one; it is a condensed, systematic table of contents of the Practice of Medicine. It is based upon the supposition that the reader has always made himself familiar with the details of his profession, and this is intended to give us a reminder; it is as it purports—an index. Perhaps, however, the best idea of the plan of the work will be afforded by giving the outline of a disease as mapped in the book. Take for instance, *Hæmatemesis*. From *aima*, blood; *emes*, to vomit. Synon. *Gastrorrhgia*; *Hæmorrhæa Ventriculi*; *vomiting of blood*. Hemorrhage from the stomach may be either acute or chronic; latter most dangerous, as indicative of some disease of abdominal viscera. *Symptoms*, blood vomited in considerable quantities. Blood not frothy; of a dark color. Blood mixed with food. *Melæna* very common. Gastric or duodeual. Perhaps simple or malignant ulcer; cirrhosis of liver; aneurism of one of the branches of the aorta; viscarious menstruation; scurvy. *Treatment in acute form*, abstinence from food; perfect rest, in a horizontal posture; cold to the epigastrium, 118; ice or cold acidulous drinks; gallicacid, 103; turpentine, 102; sulphuric acid and opium, 100; tinc. of perchloride of iron, 101; lead and acetic acid, 117; alum and sulphuric acid, 116; ipecaca and enemeta of beef tea and brandy, 21, 23.

In chronic form, mineral acids, with bark, 376; quinine and iron, 380; ammonia; sulph. of iron, 116; cream; raw eggs; essence of beef; cod liver oil. The figures refer to formula which form a part of the appendix. For sale by Robert Clark & Co.

CLINICAL OBSERVATIONS ON FUNCTIONAL NERVOUS DISORDERS.—By C. HANFIELD JONES M. B. CANTAB, etc., etc. Philadelphia: Henry C. Lea, 1867. Price \$3 25.

THIS really excellent book is a treatise, in thirty-nine chapters, devoted to a great variety of affections, properly embraced in the scope proposed in the general title. Thus, we have chapters on Delirium Tremens, Tetanus, Catalepsy, Epilepsy, Headache,

Chorea, Sleeplessness, Facial Neuralgia, Angina Pectoris, Respiratory Nervosis, Hystina, together with many other topics of equal importance. The author says that "this work professes to contain but little more than a truthful record of experience, and an endeavor to view that experience in the light of scientific research." His labors are clearly in a field of inquiries, in which we are still sadly deficient in clear and satisfactory knowledge, and this contribution will be gladly received by the practitioner. As the author truly says, "of all parts which go to make up the wonderful whole of the human body, there is none to which a deeper and more mysterious interest is attached than to the nervous system." Writers and careful observers in this department of our science have been working away with commendable zeal, but all of us feel that upon many of these matters we are prone to treat diseases with but little more than an empirical plan; and our system of treatment must necessarily continue thus uncertain, while our pathological notions of these diseases remain so imperfect.

To a very considerable extent the work before us affords very reliable information in regard to both the nature and treatment of these "functional nervous diseases," and the practitioner will meet with much that is suggestive. Our readers will thank us for commending to them the purchase of this book. For sale by George S. Blanchard & Co.

INFANTILE PARALYSIS, and its attendant deformities.—By CHARLES FAYETTE TAYLOR, M. D., Resident Surgeon New York Orthopædic Dispensary, etc., etc. Philadelphia: J. B. Lipincott & Co., 1867. Price \$1 00.

THIS little volume, on a very important group of affections, is by a Surgeon who has had a large amount of experience in this special department, and whose views are worthy of a good deal of respect. The frequency of infantile paralysis is of more serious import, too, than is perhaps generally observed, and as a malady there seems to be an evident increase in this country. This little monograph briefly but clearly discusses the various pathological and social aspects of the subject, and dwells with sufficient fullness upon the principles of treatment. The mechanical appliances employed by Dr. Taylor are handsomely illustrated with appropriate wood-cut engravings. The following is the

conclusion of the whole matter, as summed up by the author himself:

"The facts and arguments contained in the preceeding pages may be summed up in the following propositions, viz:

1. Infantile Paralysis is an arrest of vegetative development from some unknown cause.

2. The characteristics of this form of paralysis suggest a peripheric blight rather than a loss of central nerve power.

3. With diminished nutrition, temperature and muscular power there is also diminished muscular irritability; and there is no such thing as involuntary or reflex contraction in infantile paralysis.

4. The shortening of certain muscles is not a necessary consequence of infantile paralysis; and when it does occur, it is simply the adaption of their length to the position they happen to be in.

5. It is entirely accidental *which* muscles become shortened, whether flexors or extensors.

6. Hence, deformities are not a necessary consequence of infantile paralysis, and when they are allowed to occur, the process of recovery is arrested.

7. When deformities have already formed, they should be treated for an ultimate end—viz, to bring the patient back to the place from which he should not have been allowed to diverge, where the treatment for his *paralysis* should begin.

8. Hence, tenotomy and mechanical appliances are only means to an end—the first steps of a course of treatment having in view the restoration of the muscular power.

9. The most natural means for this purpose is the supply of local heat—involving increased local circulation—together with local exercise corresponding with the position and ability of the part exercised.

10. The element of *time* must also be taken into consideration."

A number of interesting cases enforce the teachings and arguments of the text. For sale by Robert Clarke & Co.

BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY.

WE have received from the publisher, W. A. Townsend, of New York, the 54th part of this well known semi-annual resume

of the medical literature of the world. It presents its usual rich freight of matter. The publisher of the American edition announces in this part his purpose to abandon his design of adding a digest of American journals to the English edition. He is constrained to this from the continued high price of labor and materials—together with the little response which he has received from the profession. We regret that he has found it necessary to renounce this design. Price \$1 50, each part.

PROCEEDINGS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, at the Fourteenth Meeting—Held in Detroit, August, 1866.

WE have not space to notice at length the contents of this volume, which, in the extent and importance of material, comes to us with nearly the proportions of its relation, the volume of the American *Medical* Association. For a number of years the annual sessions of the American Pharmaceutical Association has been growing in importance, and its transactions increasing in value; and the volume before us, we think, from a partial examination, is of the same character of general excellence. In the present volume, as heretofore, a considerable portion of the session is consumed in reports upon the progress of Pharmacy, and especially also in reply to special queries. These constitute a very important part of the transactions, and we have afforded information of importance to the physician—as to the druggist, we have marked some of these matters for future use, as we have space and opportunity.

Editorial Abstracts and Selections.

The Annual Report of the Surgeon-General

IS before us. Its eight pages, with the addition of a statement of the quantity of medical supplies issued during the war, from the various Purveying Depots, furnish in the most concise form, instructive and interesting facts as to the Medical Department of our armies. Surgeon General Barnes first states the amount of funds at the disposal of the Medical and Hospital Departments for the fiscal year, ending July 1st, 1866, as \$5,386,064.24, of which sum \$4,044,276.59 were proceeds of sales of old or surplus medical and hospital property. The disbursements were \$2,837,801.77.

In the absence of any appropriation for medicines and medical attendance for the Bureau of Freedmen, etc., every assistance was extended to it by this Department. Surgeons and Assistant Surgeons employed, and medicines and hospital supplies issued upon properly approved requisitions. The amount so expended was \$267,391.92.

Arrangements, the report states, are nearly completed for the transfer to a fire-proof building on Tenth street, of all the valuable mortuary records of this Department, including 16,000 folio volumes of Hospital Registers, 47,000 Burial Records, 16,000 Hospital, Muster and Pay Rolls, and alphabetical Registers of the Dead, containing 250,000 names of white, and 20,000 colored soldiers, compiled from them; and the pathological collection constituting the Army Medical Museum.

"During the year official evidence of cause of death, or of discharge for disability, has been furnished the Pension Bureau in twenty-six thousand five hundred and eighty-nine (26,589) cases; Paymaster-General, eight thousand (8,000) cases; Adjutant General, ten thousand six hundred and twenty-three (10,623) cases; Authorized Agents, four thousand (4,000) cases, making a total of forty-nine thousand two hundred and twelve (49,212) cases.

"This information, obtainable from no other source, has been of the greatest importance in the settlement of the claims of discharged soldiers and of widows and orphans, and in a majority of cases is ample and satisfactory. In addition to the above, two hundred and ten thousand and twenty-seven (210,027) discharges upon certificate of disability, have been examined and classified."

One hundred and thirty-three thousand nine hundred and fifty-two surgical cases have thus far been classified and recorded;

and operations, twenty eight thousand four hundred and thirty-eight.

The preparation for publication of the Medical and Surgical History of the War has been prosecuted with energy, much of the manuscript and several of the illustrations for the first volume being completed. The Army Medical Museum continues to increase in value and usefulness, and the greater security and accommodations of the building to which it will be shortly removed, admits of the addition of a great number of interesting and instructive specimens, not hitherto available for want of space.

Of 98 applicants for positions in the Medical Staff, U. S. Army, 19 were fully examined, found qualified and approved; 17 withdrew before their examinations were concluded; 31 were rejected and 31 failed to appear.

Twenty-three Assistant Surgeons, U. S. Army, were examined for promotion, 20 of whom were found qualified, 2 reported for re-examination, and 1 disqualified.

One hundred and seventeen Surgeon and Assistant Surgeons of Volunteers were mustered out during the year; 1 killed by the Indians.

In the Medical Staff U. S. Army, there have been twelve resignations, six deaths,—two by cholera, one by accident and three by disease.

CASUALTIES. Fuller returns than those embraced in the Report of 1865. give the number of casualties from commencement of the war to present time. in the Regular and Volunteer Medical Staff, as three hundred and thirty six (336). viz :

Killed in battle, twenty-nine, (29); killed by accident, twelve, (12); died of wounds, ten (10); died in rebel prison, four (4); died of yellow fever, seven (7); died of cholera, three (3); died of other diseases, two hundred and seventy-one, (271); making a total of three hundred and thirty-six (336).

During the war, thirty-five Medical Officers were wounded in battles.

THE PARIS EXPOSITION. "The improvements in Hospital construction and equipment, in surgical appliances, in means of transportation of sick and wounded, etc., resulting from the vast experience of the war, are considered worthy of exhibition as an evidence of National progress, and with this view, models of U. S General Hospital, with their equipment of ambulances, litters, medicine wagons, etc., have been prepared, and will be forwarded through the proper channels as the contribution of the Medical Department U. S. Army to the Paris Exposition.—*Phil. Reporter.*

We could not give much ampler notice of the report without reprinting the foregoing notes and selected paragraphs from the report.

PRACTICAL MEDICINE.

Case of Phlegmonous Erysipelas, following the Hypodermic Injection of a Solution of Sulphate of Morphia.—By J. W. MERRIAM, M. D.

A FEW weeks ago, while suffering from an attack of lumbago, resulting from exposure to a draught of cold air on board a steamer, I took an hypodermic injection of a solution containing half a grain of sulphate of morphia. The injection was made over the supinator longus of the left arm. Care was taken to avoid puncturing a vein, and not even a drop of blood followed on withdrawing the syringe. The next morning the arm was somewhat sore to the touch, and the neighborhood of the wound was a little more red than usual, but no importance was attached to these symptoms as they had frequently occurred before in my own person, and had disappeared without any results. I did not look at the arm again till the following day (about forty eight hours after the injection), when I noticed around the puncture an ecchymosis of the size of a quarter of a dollar, sharply defined, of a bright red color, which did not disappear on pressure. The forearm was considerably swollen and inflamed, and began to assume an erysipelatous aspect. It was kept painted with tincture of iodine for the next twenty-four hours, until on the following day, Dr. N. F. Martin, the Post Surgeon at Fort Mojave, discovered the presence of matter and substituted a poultice for the iodine. In the course of a couple of days a free opening was made, the matter evacuated, and the poulticing continued.

The whole back of the forearm was now exceedingly tender, and the skin of a bright red color, tense and shining. A wash of acetate of lead and opium removed all the unfavorable symptoms; the wound was dressed with Turner's cerate, and the case rapidly progressed to a favorable result. Tincture of the chloride of iron was taken internally throughout the attack.

I have thought it worth while to report this case, as it illustrates the fact that erysipelas may follow the most simple operations, even when performed upon a person whose general health is robust, while more important operations, under apparently the same circumstances, may not be followed by any such consequences.

I do not know why erysipelas should have occurred in my case, but I should not be deterred, in consequence of it, from resorting to similar treatment again through fear of a like result.

In April last, I submitted to a painful operation, skillfully performed by Dr. Coolidge of Boston, after which, during a period of seven days, fifteen different hypodermic injections of Majendie's solution were given me, with no more ill result than a slight ecchymosis of a diffused character, which passed through the usual changes of color noticed after a bruise, and which never even threatened erysipelas.

A New Instrument for Subcutaneous Injections.

M BOUILLAUD lately presented to the Academy of Medicine of Paris an invention of M. Dancet, consisting of a hollow needle adapted to a metallic tube, ending in a small cup covered with an india-rubber membrane. By slight pressure upon the latter the fluid is injected into the areolar tissue, and a simple mechanism within the cup allows of the counting of the drops injected. Another and simpler needle on the same principle may be used for vaccination.—*Buffalo Med & Surg. Jour.*

Cure of a Confirmed Opium-Eater ; Record of the Symptoms :

By E. ANDREWS, M. D., Professor of Surgery in Chicago Medical College.

I DO not remember to have seen anywhere an accurate record of the symptoms which follow when an opium-eater breaks off suddenly from his pernicious indulgence. I am induced, therefore, to present the following case from my practice, believing that it will be instructive to the profession :—

R. G——, aged about 35 years, of good general habits and character, sent for me to his house, and informed me that he was addicted to the use of opium and desired to break off the habit. He stated that the appetite was acquired from the long continued prescription of anodynes of his physician, some two years ago, and during a painful illness. Since then his tolerance has gradually increased, until his present allowance was ten grains of sulphate of morphia a day, which he took in two doses. He informed me that he had no love for it, and had got past deriving any pleasure from its use ; his daily allowance merely serving to keep him out of an intense but vague feeling of wretchedness, which siezed upon him when he attempted to go without his doses. His countenance presented a slightly haggard and nervous aspect, but otherwise there was no evidence of mental or physical deterioration. He was very apprehensive, as most opium-eaters are, that total abstinence from his drug would kill him. I assured him that he would be very miserable for a few days, but that he would not die. I accordingly directed him to stop at once, and took his word of honor, to use no opiate unless I ordered it ; I promised to watch him closely, and that if he incurred any danger of dying I could easily prevent that by giving some small doses of morphine, at the proper time. I further told him that he might as well die as be an opium-eater. I then removed all opiates from his house, and prescribed some pills of quinine, cannabis indica and hyoscyamus to occupy the attention of his nervous system. The following is the history of the subsequent days :—

1st Day.—Found him feeble, restless, very weak, and unable to get out of bed. Had no sleep, terribly restless, at times deli-

rious, but though more generally rational. Has severe pains occasionally in the sternum, and the lower part of the spine, but the chief distress is an intolerable, undefinable "misery." His pulse is 95, and very soft and weak. His determination to persevere holds out well. Has frequent vomiting and some diarrhœa. The pills seem to be totally powerless to ease him. Gave a few inhalations of ether without any increase of comfort; potations of whisky and brandy are vomited up. Every effort to find a substitute for the opiate seems almost a total failure. Oyster soup for nourishment.

2d Day.—Mind slightly wandering in the morning, but rational the rest of the day. Vomits occasionally, and has slight diarrhœa. Pulse 68, and stronger. Milk punch with wine and crust coffee for nourishment. Can not retain solid food. No medicine.

3d Day.—Mind wandering again in the morning. Pulse 66, but very feeble. Countenance shrunk. Some vomiting and diarrhœa. Feeling uneasy lest his prostration should go too far, I gave him three small doses of laudanum combined with hyoscyamus and cannabis indica. He revived so rapidly and decisively that I was satisfied that he was in no danger, and forbade any more to be given. Beef-tea with wine and crust coffee.

4th Day.—Morning. Slept five hours for the first time. Rational; no vomiting nor purging. Unable to sit up yet. Tincture of cinchonona, hyoscyamus, and cannabis indica.

Afternoon.—More prostrate. Hitherto his courage has kept up, and he has not asked for morphine. Now he is broken down and begs for it. Gave one small dose which exhilarated him surprisingly, forbade any more.

5th Day.—No vomiting but an exhausting diarrhœa. Tried to check it with astringents, terebinthines, etc., without success. Was obliged to add a little opium, which accomplished the purpose and greatly revived him.

6th Day.—Diarrhœa worse again; checked it with pills containing large doses of nitrate of silver, and small doses of opium. Appetite improves.

7th Day.—Diarrhœa returned and was checked again by the same pills. Feels better; sits up in bed.

8th Day.—Improving. No medicine.

9th Day.—Improving, dressed, and lying on the sofa. Tincture of nux vomica as a tonic.

11th Day.—Doing finely; the nux vomica has produced a great increase of muscular tone; eats well. No diarrhœa. Stopped the medicine.

13th Day.—Improving. Walks about the house a little. No medicine.

15th Day.—Doing finely. He has no desire for opium; feels perfectly comfortable, though weak. The tongue, which the first few days had a dense white fur, is now clean. Advised him on no account to take any opiate, nor prop up his debility by substituting alcoholic drinks, lest he merely substitute one bad habit

for another, but to recover the balance of his strength by the vigor of his own constitution. Discharged from treatment apparently cured of his appetite.

A Remarkable Solvent.

IT is now discovered, it appears, that if a piece of copper be dissolved in ammonia, a solvent will be obtained, not only for lignine; the most important principle in all the woody fibre—such as cotton, flax, paper, etc.—but also for substances derived from the animal kingdom, such as wool and silk. By the solution of any of these an excellent cement and water-proofer is said to be formed: and what is equally important, if cotton fabrics be saturated with the solution of wool, they will be enabled to take the dyes—such as the lac dye and cochineal hitherto suited to woolen goods only.—*Exchange.*

SURGERY.

Treatment of Varicocele by Coagulating Injections: By Dr. MAISONNEUVE, of Paris.

MAISONNEUVE relates several instance of cure of varicocele by the injection of sesquichloride of iron into the varicose veins of the spermatic cord, a mode of treatment with which he has become familiar for some time past, in varices of the extremities, as one without danger, and offering the best success. He deems this method a great progress, the more so because varicocele has now come to be almost not treated at all on account of the dangers of the operations hitherto in use. The difficulty of applying the method of Pravaz to varicocele consists above all in the uncommon mobility of the veins in the loose connective-tissue, and makes the use of the ordinary troicart, otherwise frequently employed, almost impossible. Maisonneuve uses the needle of Pravaz' injecting syringe, and a stream of blood immediately informs him that the coats of the veins have been penetrated. The cord of the patient standing erect is first compressed upon the pubis by the finger of an assistant, or by a strong truss, and the needle inserted into the most prominent veins, which sometimes succeeds only after several fruitless attempts. If blood escapes, the injective syringe is applied, and twenty or thirty drops of the solution of iron are injected. The anatomical structure of the venous plexus, which ultimately collects into one common trunk, causes the coagulation to take place not alone in the wounded vein, but after a short time in the entire plexus. The pain is said to be inconsiderable, and the inflammation following upon the operation to abate within a few days, so that all the patients mentioned could be declared cured in a short time. Nothing is said of the state of the testicle after the obliteration of its veins.—*St. Louis Med. & Surg. Jour.*

Obituary Notices.

DIED, near Cincinnati, Friday morning, February 15th, 1867,
CHARLES L. AVERY, M. D., of general paralysis, aged 51
years.

In the death of Dr. Avery, our city has lost one of its most brilliant members of the Medical profession. He was highly cultivated both in his profession, and in all that pertains to the social gentleman. He was at one time Demonstrator of Anatomy in the Medical College of Ohio, and subsequently, in the organization of Miami Medical College, took the Anatomical chair, and continued to fill its duties with signal ability, until during the session of 1857—58, he was struck down with an apoplectic seizure, which doubtless initiated the destruction of his brain, finally terminating in death. For several years he has been gradually failing, and for several years before his death, he was entirely unfit for professional duty. The following is the action of the profession of the city :

A called meeting of the regular physicians of Cincinnati convened at the Dental College Building on Saturday noon, Dr. Jno. F. White in the Chair, and Dr. E. B. Stevens Secretary.

The President announced in appropriate words the death of Charles L'Hommedieu Avery, and appointed Drs. Foote, Murphy, Mendenhall, J. P. Judkins, and Stevens, a Committee on Resolutions, who reported the following :

The regular profession of Cincinnati has suffered a great loss in the death of Char. L'Hommedieu Avery, although in the inscrutable providence of God he has been so sorely afflicted for several years as to have been unable to devote himself to the active duties of the profession, the influence of his generous heart, noble character, and strong intellectual ability are still felt and remembered.

He was by instincts a gentleman in the true sense of the word. Generous to a fault, noble and exalted in his thoughts and feelings, few men were more loved by a large circle of friends. He had the presence and bearing of a gentleman, and won the esteem of all high toned gentlemen and ladies. A man of great individuality of character, his position and course of conduct were never doubtful or difficult to be understood. No man had higher conceptions of the ties and duties of friendship; for his friends he was always prompt and ready to strike.

As a professional man it may be truly said that he was incapable of conduct unbecoming a high toned gentleman; and no one has had cause to feel aggrieved at Dr. Avery for unprofessional conduct. As a physician he had few superiors. He began the practice of the profession after having qualified himself at home and abroad, and thereby developed and strengthened his mind by a sound judgment. Therefore, be it

Resolved, That in the death of Dr. Charles L. Avery, the medical profession of Cincinnati has lost a distinguished member and his native city a useful and good citizen.

Resolved, That a copy of the preamble and resolutions be forwarded to the family, with the expression of the deep sympathy of this meeting.

Resolved, That we attend the funeral in a body.

Pending the adoption of these resolutions the meeting was addressed by Drs. Stevens, Murphy, Mussey, Mendenhall, Judkins, Williams, Foote, Jno. Davis, Comegys, and the President.

Adjourned.

JOHN F. WHITE, President.

E. B. STEVENS, Secretary.

Professor Alexander D. Bache

DIED at Newport, R. I., on Sunday, February 17th. He was chief of the United States Coast Survey, and justly ranked as one of the first of the scientific men of the country. He was grandson of Benj. Franklin, was born in Philadelphia, July 18th, 1806, was educated at West Point where he graduated with the highest honors in 1825. In 1827 he was elected Professor of Mathematics in the University of Pennsylvania, and was afterwards successively President of Girard College and Principal of the Philadelphia High Schools. In 1843 he accepted the position he held until his death. His disease was softening of the brain. He had been honored with membership in the chief Scientific Associations of Europe.

MARRIED.

GARVER—MERRILL.—On the 25th of December, 1866, at the First Presbyterian Church, by the Rev. Wm. Pelan, Dr. Geo. W. Garver and Miss Sarah E. Merrill, all of Connersville, Ind.

THE Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

MARCH, 1867.

No. 3.

Original Communications.

ART. I.—*Observations on Delirium Tremens ; its Nature, Cause
Diagnosis, Pathology and Treatment:* By D. A. MORSE
M. D., Alliance, Ohio,

TREATMENT.

IN no disease that the medical man is called upon to treat is a knowledge of its course and termination more essential than in the treatment of mania a potu.

Nature constantly interferes to obtain her demands and spontaneous recovery is the result, or effusion, coma and death. It is ever necessary to keep in mind the *exciting cause* and *indications* for treatment. I cannot agree with those who regard the disease the result of a *suspension* of an accustomed stimulant. In a number of cases under my observation, I cannot recollect a single case that did not occur *during the use of liquor*. It was not uncommon with these patients to show no signs of the disease as long as they were deprived of their stimulant. Patients in hospitals were free from every manifestation until they received permission to leave the hospital, when an attack invariably followed. I have often taken bottles of liquor from their pockets while they were suffering from an attack. One patient, dying in this town, died from a succession of epileptic convulsions, the result of drinking. He had been drinking the day and evening previous to his death; was attacked with convulsions in a few hours and died. His whole body was saturated with poison. The use of alcohol *continuously* will create the disease. The

patient is generally saturated with poison, and frequently when attacked *with an unusual amount*.

The principal remedial agents that have been, and are employed at the present time, are warm and cold affusions, bloodletting, emetics, tartar emetic, opium, stimulants, purgatives, Hoffman's anodyne, chloroform, digitalis, bromide of potassium, the expectant plan of Dr. Laycock, and placing the patient in a darkened room, giving him no medicine.

The main indications for treatment I regard to be :

1st. To relieve the irritation and excitement, and thus promote healthy sleep.

2nd. Excite the secretions, eliminate the poison, and meet any indication for treatment of local inflammatory action.

3rd. Administer proper nourishment.

These indications will be discussed in the action and application of the various remedial agents.

TEPID AFFUSIONS.

This plan of treatment consisted in dashing two or three gallons of tepid water, strongly impregnated with salt, upon the patient, after which he was rubbed dry with warm flannels, and tinct. opii and warm wine exhibited till sleep was procured.

COLD AFFUSION.

This was first suggested by Dr. Rumsay, of New-Castle-upon-Tyne. This plan of treatment was not received with much favor. One patient dying at London under its treatment, the surgeon in charge of the hospital was removed, but was afterwards reinstated. It consisted in pouring cold water upon the head, and sometime sover the body of the patient. Patients recovered, as they will at times, under the most embarrassing circumstances.

BLOODLETTING

Was at one time extensively practiced, and is practiced yet among a few in different parts of the country. It is highly injurious and deserves no favor.

EMETICS.

Among the first to advocate the use of emetics was Dr. Klapp, (Medical Recorder, Vol. I, 1817). This plan of treatment was suggested by the frequent relief that seemed to follow vomiting. It has found many eminent men to advance its claims, and has been attended with great success. Drs. Graves, Samuel Brown, Flagle, Nancrede, Eberle, Daniel Drake, etc. Dr. Peddie treated

a large number of cases with sedative doses of tartar emetic, with uniform success.

OPIUM.

This plan of treatment has been more universally employed than any other. On the other hand, a large number of men argue against its use. Dr. Watson insists on its administration, but informs us that frequently the practitioner receives the credit of killing his patient. Dr. Bennet says opium has been largely given to obtain sleep, but it is much to be doubted whether its supposed beneficial action is not dependent on coincidence with muscular fatigue and exhaustion which, with a tendency to repose, accompanies the elimination of the alcoholic poison. Dr. Peddie says that "in a large proportion of cases sleep would take place spontaneously at an earlier period, and the subsequent condition of the patient be much more sound and safe, by giving nothing at all than by the use of opium. It is evident that if opium be used in *Delirium Tremens* it must be given in large doses, and it is thus generally given, the object being to overstep the stage of excitement, and force on the desired sleep. Now the acknowledged effect of a large dose of opium on the encephalon is to occasion the engorgement of the vessels, more especially of the veins, and consequently the larger the dose the greater will be the amount of sanguineous compression of the brain." This being the case what must be the effect of the drug in a disease where there already exists too great congestion. Will you give a poisonous dose and trust to Nature to relieve your patient from danger? You overwhelm him with poison and if he have sufficient vitality left to overcome the effects of both alcohol and opium he will recover. If not, he suffers effusion, coma and death, and then, as Watson remarks, you obtain the credit of killing him. In many cases there is a condition of irritation and congestion amounting to actual inflammation. Would you, under any other circumstances, meet indications of like nature by a similar course? There is great irritation as evinced by morbid sensations, illusions, spasmodic action and other signs of disturbance. Have we no agent that will relieve congestion and allay this irritability without endangering the life of our patient? Drs. Laycock, Law, Cahill, McPherson and others of England, testify to the injurious effects of opium.

Echeverria says, "opium does not quiet the patient unless the dose be very large, and frequently the rest furnished is followed

by coma and death. There is a time in which opium is of marked benefit; as a stimulant to sustain the patient when the disease has exhausted itself." He recommends also acidulated effervescent draughts, with 10 to 18 grs. of carbonate ammonia.

Da Costa says (Med. and Sur. Reporter), in repeated attacks opium is the most useful. His experience with digitalis was not such that it would induce him to rely on it in severe cases.

Dr. Robert Duchesne reports unfavorably (Med. Times and Gaz.), for opium. Cullen says opium frequently fails to produce sleep in cases of habitual and enervated drunkards.

Dr. Armstrong says opium is the main remedy, good mutton broth or beef tea the best diet, with a tolerable quantity of malt liquor for a drink. As a portion of the opium treatment stimulants are frequently added. *This affects directly our indications for treatment.* If one indication is to eliminate the poison, and the patient be already saturated with alcohol, can this indication be met by constantly adding new fuel to the fire already created? It has, however, many advocates; Watson, Wood, Dunglison, Williams and host a of others. We have remarked sufficiently upon the state of secreting organs. Opium will not *increase* secretion. There is no secretion of bile, gastric juice or urine, except in small quantities. Would it be far more important to unload congested organs, excite their normal functions, than to place a lock upon them.

L. Rankin, surg. H. M's. 105th reg. L. I., gives the result of his experience in the treatment of a number of cases. His experience is thus summed up:

1st. "the young soldier whose eliminative powers are unimpaired, can be treated with safety and advantage without a drop of alcohol, or grain of opium.

2nd. "The old soldier with organic visceral disease requires no opium, but does require some of his *accustomed* stimulants, combined with eliminants and nutrients."

Is not this consistent? Continue to pour in alcohol and continue to eliminate it. What do you wish to accomplish? To run it through him and extract its impurities, or do you wish to see what amount of stimulation exhausted nature, reduced by stimulation will bear?

Dr. Gerhard treated 162 cases, of which 161 recovered. He prolonged their period of excitement and exhaustion by simply diminishing their supply of liquor. By this plan of treatment if

a man enters the hospital exhausted, excited, saturated with drink, when it is partially eliminated and Nature again is left to her own resources, instead of aiding her to free herself from the dreaded incubus, you must again administer a small dose of the poison.

Dr. Rankin, whose observations we have quoted, while he discards opium still aids the drunkard to continue his dangerous course. Is not this stimulant plan of treatment the very course the patient has instinctively adopted for months, before entering the hospital? When he has felt weak, nervous, trembling, has he not enacted over and over this same by drinking? If he possessed sufficient consciousness and self control, would he not again continue it? Does he not when he leaves the hospital until softening of the brain, paralysis, convulsions, apoplexy, or coma ends the scene, his case now being diagnosed according to the new feature displayed. It is no longer DELIRIUM TREMENS. There is no question but what a majority of cases, if left to Nature, will eventually reach that stage, when the poison being eliminated, the disease exhausted, nothing remains to be done but support exhausted vital force. The pale, trembling, sinking sufferer implores aid from his cup. A compromise with the "worm of the still" is effected by administering sufficient stimulant to enable him once more to begin his career.

Mr. Philips says, "if a man has been accustomed to drink largely of malt liquors, a drachm of tinct. opii will act much more beneficially if taken in a pint of beer than if taken alone."

Dr. Billings says, "the only mode of treatment is by narcotics and stimulants; by which in addition to the connection of the sedative state a greater tendency to sleep is produced." Alcohol is narcotic in its effects in large doses, and truly more certainly so when combined with opium. I can perceive no reason why he should wish to counteract the effect of his opium, if opium was indicated. If the dose is too large give him less. The difficulty he experiences *then* is he does not overpower the brain and must needs add another installment of depressing agents.

Dr. Wood states that by the exhibition of alcoholic liquor the proportion of deaths was reduced from one in thirteen to one in thirty-three.

DIGITALIS.

This agent has been employed extensively of late and so far as I can learn has received almost universal commendation. The

therapeutical properties of digitalis have been so long unknown that the medical world were taken by surprise when instead of a cardiac depressant, they learned digitalis was a cardiac tonic. Though the action of the drug was considered powerful and uncertain in many diseases, it has been extensively employed. Its use *in large doses* by the mass of the profession is of but recent date. Its use by a few, however, extends to a more remote period than is generally accredited. Dr. Halleran in 1810, Dr. Currie in 1827, Fanzago, Scott in the same year, Dr. Sharkey in 1841, and Perceval, Clutterbuck and others employed the remedy in doses from ʒss to ʒiss.

Prof. Clark treated cases of epilepsy successfully with digitalis, Prof. Percy mania a potu. Its action in large doses has not received much attention until late years. Dr. Cox, in his work on insanity, reports cases cured by half ounce doses of tinct. of digitalis, (1810), Headland says (Action of Medicine) digitalis does not depress nervous force generally. It has no action on the brain, except as communicated through the vagus nerve. He says by depressing the heart's action it cuts off the supply of blood from the brain.

Hanfield Jones says that digitalis is a cardiac tonic and may be given with advantage in cases of great cardiac debility. This is confirmed by the observations of Winegradoff, Traub, Kulpe, etc. He thinks it may be more safely used in depressed action of the heart than in an opposite condition. Drs. Kesteven and Fuller affirm this action upon the heart. Dr. Fuller says when it kills it produces death by tonic contraction of the heart. When patients die of Delirium Tremens the pulse is weak and fluttering, before death. The heart is weak and fails to contract. It is over loaded with blood. Digitalis causes it to contract, forcing the blood along, there is a more universal distribution of it. This prevents effusion of the watery parts in the brain. I have remarked that while the pulse is weak, the carotids and temporal arteries are often tense.

Does not digitalis, through its action on the capillaries of the brain and arteries, force the blood from the brain?

Virchow has demonstrated in his "Cellular Pathology" the more active the blood vessels, the less the quantity of blood sent to a part. Contraction of the arteries diminishes their calibre. Chloroform in stimulating doses has this effect. In the brain and various parts of the system there is great irritation. In chloro-

form we find an agent that will relieve this with happier results than opium, affecting in no way secretion, nor leaving unpleasant results. It allays the excitement, quiets the patient, stimulates flagging energies and meets many indications better than they can be met by any other remedial agent. The combination of the drug with digitalis is practiced by many.

The use of chloroform *alone* is very highly commended by a large number of practitioners. Reports are contained in the journals from Drs. P. Smith, Jos. Parish, Whitting, etc. The *Philadelphia Medical and Surgical Reporter* contains reports of several; B. O. Neal, Drs. McClellan, Scatterwaite, Healy. In the *Dublin Medical Press*, 1852, from Mr. Butcher. In *Dublin Quar. Jour.* for May, 1862, Dr. Harvey reports a case of maniacal delirium. In *Dublin Hospital Gazette*, Feb., 1854, Drs. Gordon, McDowell. The number of cases reported is daily multiplying. There can be no question of propriety. I employ chloroform instead of opium in all cases of nervous disorders where pain is excessive. I have used it with benefit in gastralgia and colic, and would administer it wherever opium was improper from its effects upon the secretions. It should be given in doses of half a drachm in syrup or sweetened water. The effect is almost instantaneous.

It stimulates, and suspends the action of the mind. Sound sleep is procured. Combined with digitalis, I have employed it less. It was a custom, while in Hospital, to give Hoffman's anodyne in connection with other agents. Digitalis and Hoffman's anodyne are successful in their results. From recent observations I should always prefer digitalis and chloroform, and in a well confirmed case of Delirium Tremens administer a drachm of tinct. digitalis with a half a drachm chloroform, every half hour, till sleep is produced. The great number of reports of favorable results in the use of digitalis, renders it of importance that it be relied upon as a main remedy in the treatment of mania a potu. Chloroform is equally indispensable. Cases may be found reported *American Medical Times*, Dec., 1860, by Dr. Parks. He gave 3ii doses of tinct. digitalis until his patient slept. G. M. Jones (*Medical Times and Gazette*): "Experience has taught that the best dose is *half an ounce* of the tincture given in a little water. It is seldom that more than one dose is required." Dr. Cuttlet (*St. Joseph Med. and Surg. Jour.*) speaks very highly of the action of the remedy in tea spoon doses every half hour.

In the *Pacific Med. and Sur. Jour*, Aug., 1862, Dr. Wooster repeats success where all the ordinary means had failed. Dr. Glass, of Wurtemberg, used an infusion according to its effects. He is some times reported as being the first to exhibit the remedy in large doses in Delirium Tremens, but was of more recent date in its employment than others. Dr. Francis E. Carey of Germany, Dr. Williams, of Liverpool, and Dr. Peacock of St. Thomas's Hospital, all report success. It is useless to multiply instances, they are too numerous, and will satisfy the demands of the most exacting.

During my first experience with Delirium Tremens I employed opium. I have experienced great difficulty, at times, in procuring sleep. I have given morphine in two grain doses without effect. No ill consequences resulted, but it was grievous malpractice, and one to which I shall never again resort. I am perfectly satisfied that in nine-tenths of our most asthenic cases, we must poison them to the very verge of death before we can accomplish what we wish. Our patient if left alone would die with congestion and effusion into the ventricles. We overpower him, compel Nature to step aside and we aid him to fall, *not* into the arms of Morpheus, but of those of the lovely Angel of Death.

With Hoffman's anodyne I have succeeded often when large doses of morphine and opium have failed. This preparation is highly stimulant. It will produce contraction of the arterial walls. This must be produced by some agent before we can obtain sleep for our patient. Small doses of chloroform have this effect, but we must be on our guard not to *depress* the ganglionic system with large doses. One half drachm with one drachm of tinct. of digitalis is the maximum, while 5 to 10 gtt. the minimum. You will succeed better with a dose between the two extremes more frequently than with either extreme. When the dose of chloroform is too large a heavy stertorous breathing announces that we have accomplished with one agent what we wished to avoid with another. Most writers mention several forms of the disease and prescribe plans of treatment to meet the indications of each variety. Dr. Erichsen makes two, the inflammatory and the irritative. For all practical purposes there can be but two considered, the sthenic and asthenic.

The disease of whatever form it may assume is one eminently of asthenia. If it becomes a case of inflammation of the brain,

or one of meningitis, we no longer have true *Delirium Tremens*, but a local inflammation. Here *veratrum* and other agents must be called into use. There can be no doubt that many of the symptoms shown in primary attacks, in which cases the disease assumes a more sthenic form, are the result of sympathetic, or reflex action. The whole nervous system exhibits signs of excessive excitement which terminates in depression. However high the grade of action may be in the onset it ultimately reveals the fact that it is one of *asthenia*. We must be guided in our treatment wholly by the indications manifested in each individual case. If the case is characterized by *asthenia* in an eminent degree we must keep ever in view the fact that such case will not terminate in healthy sleep, but that the lost tone must be supplied to the heart and arterial system or the dilated pupil will indicate effusion, coma and death.

A large class of cases can be treated with great success by the administration of *assafœtida*, with great liberality. Some are having great success with *capsicum*. This stimulates the vasomotor system and the same object is accomplished that you obtain by other remedies. All remedies exhibited have the same chief action, though they may accomplish it more readily in some cases than in others. With opium this cannot be said to be the result. Large doses of opium do increase the polarity of the spinal cord and our patients often exhibit terrible convulsions when dying from overdoses. This can only explain the benefit derived from the large doses. The polarity of the cord being increased, contractions take place, the brain is unloaded, and if your patient then has life enough left to carry on involuntary action for a few hours he sleeps off his poison.

To meet the indications for elimination of the poison exhibit table spoonfull doses of *spts. eth. nitrosi*, this will procure free action of the kidneys. If chloroform is given, the nitre should not be given until the use of chloroform is suspended. It has a stimulating effect and will in many cases enable us to dispense with chloroform.

The *digitalis* can be given with the nitre. Free action of the skin and kidneys must be induced. To excite proper secretions from the digestive organs I use a pill of one grain of calomel, one fourth grain *podophyllin* and one half grain of extract of *sanguinaria*.

If there is gastric irritability, which is always the case to a

greater or less extent, apply overy the belly a mustard or capsicum plaster. By the principles already referred to you stimulate the heart's action, and the same effect is produced that would follow the internal administration. However, in these cases it is difficult to administer capsicum unless qualified by some adjuvant. It will be rejected by the stomach.

The purgative plan of treatment consisted in giving relief *when it afforded relief* by revulsion.

The *expectant* plan of Dr. Laycock has been exceedingly successful. This consists in playing "Micawber" and waiting until something turns up. This claims the privilege of administering any thing that may be indicated. This is the common sense plan of treating all diseases. Nothing should be exhibited that is not indicated. Dr. Ware asserts that the natural termination of Delirium Tremens is natural sleep. Other writers assert that the worst of consequences result where nothing is done by way of treatment. To let our patient lie day after day waiting for the return of sleep seems to be an outrage committed upon the laws of Nature. Hanfield Jones has effected good results by the administration of henbane in 20 grain doses at first and *X grs.*, 2 *dis horis*. He administers the agent until contraction of the pupil is effected. We have here another agent producing contraction of the walls of the vessels, and sleep follows.

Another remedy of recent use is *Bromide of Potassium*. In a case of *incipient Delirium Tremens* I administered two doses of 30 grs. each without effect, and not wishing to trust to any agent of which I had but little appreciation, I substituted hyosciamus. The patient slept soundly, and was relieved of the presence of his too friendly companions, the rats and snakes.

Dr. Mitchell, of New Orleans, Dr. Behrend, Brown-Sequard, Garrod, and others report success with bromide of potassium. The patient, under whatever plan of treatment you adopt, must be kept quiet. When the heart fails in its action, you must rely on the action of the *digitalis*.

In one case I examined I removed from the heart a very large, firm, white clot, which had evidently formed previous to death. Had digitalis been given the action of the heart would have prevented this formation. Remember that death often occurs with signs of terrible congestion, and that this must be overcome by rational means. Not by over doses of any drug. If the heart fails, increase its action. The danger to be met is effusion into

the ventricle of the brain, and, in short, death *from exhaustion*. When you have obtained free action of the skin, Nature has thrown off her load of poison, and death threatens in the form of asthenia give half ounce doses of tinct. digitalis, if you add to this plenty of beef tea you may hope soon to meet your patient on *terra firma*, but if you give large doses of opium, or chloroform, *whether you ever meet him will depend on your relative condition in a future state.*

ART. II—*Criminal Abortion*: By E. M. BUCKINGHAM, M. D., Springfield, O.

THE following brief article on Criminal abortion was read by me to the Clark County Medical Society, at its February meeting, and by request of the Society I send it to you for publication in the *Lancet and Observer*—if you deem it worthy the space it will occupy in so valuable a Journal. My mind had been directed to this subject by the frequent applications for aid in such cases, and also by reading the Prize Essay of Dr. Storer, to whom I am indebted for many of the ideas been presented.

Perhaps there is no crime more frequently contemplated, and committed under a misguided judgment, than that of criminal abortion; and certainly no class of men in the community is so responsible for the estimate which is placed upon its commission as is the medical profession. I am glad to know that physicians, as a class, do not merit the stigma which is implied by holding the profession responsible for the low estimate which community has placed upon the procuring of abortions. But the startling fact of the existence of such a crime, and that it is on the increase in all of our cities and amongst our most fashionable and intellectual communities, should awaken us, as a profession, to a proper sense of our responsibility to ourselves and the communities around us; and should stimulate us to make some effort to check this unnatural and wicked war upon the unborn race of man. And it is in the hope of arousing a proper sentiment upon this subject, that induces me to lay these thoughts before this Society—for if the medical profession is all right, we shall soon see the people adopting more correct ideas.

I presume there is no member of this society who has not been, more or less frequently, called upon for advice and assistance in cases ; and not more usually by the single than by the married. It does not seem so remarkable that the guilty party to illicit and disgraceful intercourse, should be wicked enough to readily yield to the temptation to destroy the fruit of the criminal connection rather than be ruined, or even annoyed, by the exposure which must soon come upon her ; but that an otherwise lovely and right minded woman, and wife, could be induced even to consider, and consult about such a preventing, is, to me, strange beyond belief ; and were I not convinced by my own experience, and by the concurrent testimony of brethren in the profession, that such is very frequently the fact, I would not think it possible.

One of the first—and most plausible—of the arguments which presents itself to the minds of those who contemplate this crime against nature and nature's God, not less than serious wrong to society, and domestic happiness and peace, is the plea that the health of the woman will suffer, and that her life will be made shorter by the suffering which she must endure, and by the dangers and accidents of pregnancy and labor, not less than by the exhausting, and confining and anxious offices and trials of a mother. There may be, and there no doubt are, some cases of sympathetic derangement of the stomach, and other cases of malformation and disease of the mother, such as would justify a resort to the induction of an abortion ; but such cases are comparatively rare, and no right minded physician would, even here procure, upon his own unaided opinion, to bring about such an occurrence. Where two or three physicians may agree upon the necessity of such a proceeding, for the safety or life of a mother, there should be no appeal from the decision. But how often do we see the very opposite result in a delicate female from the occurrence of conception ; and instead of the debility and decay which had been expected, we find her growing stronger and increasing in all the beauty of womanhood. So frequently is this the case in those who are the subjects of constitutional disease, that we are likely to say, when such women have conceived, they have gained a longer lease of life ?

Perhaps the next most plausible reason assigned by our applicants for assistance in this wicked practice is, the plea of poverty and inability to provide for a large and growing family. This might, at first sight, appear to have some little force, but the ex-

perience of all observers of society seems to contradict its truth. The singular fact is plainly shown, in any community, that families of the moderate or full number, are more comfortable and better contented, than are those of but one or two children; and even were this not the case, the plea should have no weight whatever, when placed against the moral and legal, not less than the natural and religious, objections, which may be urged against the procuring of abortions.

Some few women will have the effrontery to say boldly, that they have neither the time nor inclination to nurse babies, and hence they will be assisted in thwarting what has been commenced in the law of nature. Perhaps the best reply to such a person would be that she ought to have remained a *maid*; or, having assumed the relation of *wife*, she ought not to decline that of mother, in case she should be so favored.

The evil results of the whole system of avoiding offspring in the married state are so palpable and so gross, that one can scarcely find language strong enough to denounce it in a suitable manner.

In the first place, and with what convincing force, does the idea come home to every high toned man and woman of desecrating the lofty marriage relation to a mere convenience for the gratification of lust? What a letting down of all the high and holy ideas of man and wife is this! And yet the advocates of forced abortion, and the teachers of methods of avoiding offsprings by the use of safeguards (otherwise called "man's friend") have to meet, or ignore the shocking fact which stares us all in the face; if you make the mere gratification of *lust* the chief end of the married relation, you at once, and without fail, tear down and destroy not only the self respect of the pair, but also their respect for each other. And then the whole catalogue of the sweet enjoyments of matrimony must of necessity be impaired or destroyed. What more serious blow could be struck at the very foundation of society, than to undermine the mutual respect and confidence of husband and wife in the thousands of happy homes in our land? And what could more certainly destroy that mutual confidence than the constantly recurring thought that the wife and mother, is harboring thoughts of murder towards her own child, and the husband father not less guilty, is lending her his aid in this atrocious crime? When we reflect that this practice is most commonly found among the more intelligent and refined of our

citizens, it makes the contemplation of it all the more startling. It is from this class of citizens that we naturally look for the best specimens of our race to spring. If there is anything in cultivation to elevate the race, (and what physiologist will gainsay the truth of the theory of progressive improvement in humanity), then would it seem important that the cultivated and better class should "increase and multiply and replenish the earth." Yet we find that large families usually obtain amongst the ignorant, the low lived and the alien. Such being the case, it is not wonderful that lawlessness and crime are on the increase. If we expect our laws to be respected and government sustained, we must have well ordered and happy families.

Thus much for the moral aspect of the case. How does it appear when viewed in a physiological sense? The wonderful arrangement for the perpetuation and increase of the race will not bear to be rudely handled. The frail tenement in which we first have any living must not be broken into at unseemly times and with wicked purpose. Even an accidental miscarriage seems to go farther towards breaking down a woman's constitution than the whole of a pregnancy, labor and year's nursing combined. There is a penalty for breaching *any* of Nature's laws, but none more sure than this interfering with the natural increase of the human race. And between the risks of wounding the delicate structure of the womb and the danger from hemorrhage and inflammation, the woman is lucky indeed who shall go through this operation without injury, and the operator may be thankful who can escape the detection which will sooner or later overtake him. But even upon the supposition that the crime is successfully perpetrated, I contend that the health of the woman is likely to suffer, either from ulceration of the os and cervix uteri, with leucorrhea and attendant weakness, or from prolapsus uteri, or all combined. It would be difficult to make a catalogue of the female diseases which may be induced by the crime of abortion. How many premature deaths may justly be charged upon this criminal interference with the laws of nature, can never be known. How many broken down constitutions and disordered intellects might be traced back to this guilty practice, we cannot tell. But that *very many* pay these fearful penalties, and never disclose the hidden cause of their woe, is too well known to bear dispute.

What then is the duty of the honorable physician when approached upon this subject? In the first place he should explain

the enormity of the crime and the penalty which will follow it, both physically and mentally. And then he should make known the illegality of the proceeding, and refuse to become a party in its commission. Taking this stand, he will retain his own self-respect and command the respect and confidence of his patients; and though he may not receive the pecuniary reward, he will have an approving conscience, which is far better.

ART. III—*Marriages of Consanguinity:* By CHAS. H. S. DAVIS, M. D.

THE observation is often made by authors that alliances between individuals too like each other, however well constituted both may be, are often unfruitful; fecundation is the more certain in a given species, in proportion as there is found between the male and female, a disparity of temperament or of present condition. It is for this reason that the greater number of alliances in consanguinity either do not succeed at all or succeed ill.

Dr. Dechambee, speaking upon the subject, says, "what we have to reprobate in marriages of this sort, is not that they perpetuate in families disease capable of hereditary transmission, neither certain forms of temperament, neither certain organic proclivities, such as narrowness of chest or rather vice of conformation. It is manifest that nearness of relationship of itself adds nothing to the chances of hereditary, which depending on the health of individuals themselves, and of their progenitors on either side, acknowledge the same origin, whatever the alliance. The objection to marriages between persons sprung from the same stock is, that by the mere fact of the non-renewal of the blood, they exercise a peculiar influence in inducing an organic depreciation, fatal to the propagation of the species."* Physicians, historians and ethnologists have taught that marriages of consanguinity lead to the intellectual degradation and physical degeneration of the offspring of each union. The Spartans would have perished entirely but for fresh blood drawn from amongst the Laconians. Socrates regarded the incestuous marriages that were sometimes

*Quoted in Am. Jour. of Insanity, Vol. XV., P. 307.

practiced at Sparta and Athens, as prejudicial to the healthy propagation of the species. The laws of Moses interdicted marriage within the third degree of relationship. The Roman laws were more strict in this respect in former than in later times; in primitive ages, marriage between near blood relations were occasionally necessary to the perpetuation of the race. Plutarch says, "in ancient times the Romans abstained from marrying their kinswomen in any degree of blood, as they at present forbear their aunts and sisters. It was late before the marriage of cousins-german was dispensed with."

It was the opinion of the sage Romans that purity of descent preserves the harmony of public and private life, but that the mixture of foreign blood is the fruitful source of disorder and discord. This jurisprudence proscribed the marriage of a citizen and a stranger.* The glory of *Mrak Anthony* was sullied by an Egyptian wife. *Sequiturque nefas Ægyptia conjux*,† and the Emperor *Titus* was compelled, by popular course, to dismiss with reluctance *Berenice*, though she was at this time upwards of fifty years of age.‡ The ambassador of the nation, more especially of the unbelieving nations, were solemnly admonished that such strange alliances had been condemned by the founders of the church and city.

In Egypt the marriage of brothers and sisters was admitted without scruple or exception; a Spartan might espouse the daughter of his father, and an Athenian that of his mother, and the nuptials of an uncle with his niece was applauded at Athens, as a happy union of the dearest relations. Before the time of *Cambyzes*, no Persian had ever been known to marry his sister. *Cambyzes* asked the royal judges if there was any law which would permit a brother to marry his sister, if he thought proper to do so. In answer to this inquiry of *Cambyzes*, they replied shrewdly, though with truth, that although they could find no law which would permit a brother to marry his sister, they had discovered one which enabled a monarch of Persia to do what he pleased.||

Ingenious and learned of all ages have amused themselves by drawing comparison between the laws of *Solomon* and *Lycurgus*.

*Gibbon's *Rome*, chap. 53.

†Virgil's *Æneid*, VIII, 688.

‡*Berenicem invitum invitam dimisit*. Suetonius in *Tito*, chap. 7.

||Heroditus, lib. III, § XXXI.

The following particularity affords ample room for conjecture and discussion; At Athens a man was suffered to marry his sister by the father, but forbidden to marry his sister by the mother. At Lacedæmon things were totally reversed; a man was allowed to marry his sister by the mother, and forbidden to marry his sister by the father. The Jews are often driven to form alliances with their own kindred, as their religion forbids them to marry except with their own race, and they are peculiarly liable to strumous taint and congenital defects. We see also how their intermarriage has given peculiar prominence to certain points of physiognomy retained from the earliest times to the present day. Hippocrates states that the Scythians all resembled each other, although they were different in appearance from all other people. Abraham married his half-sister. Whole races of people like the Moabites and Amorites were the direct fruit of combined drunkenness and incest between fathers and daughters.

"The sable land-flood from some swamp obscure,
That poisons the glad husband-field with death,
And by destruction bids its fame endure,
Hath not a sense more sullen, stagnant and impure."*

Says Horace Mann, "if its greatest men, its wisest men, its God-favored men, like David, could be guilty of murder for the sake of adultery; or like Solomon, could keep a seraglio of a thousand wives as concubines, what blackness can be black enough to paint the portrait of the people they rule, and the children they beget? After the Exodus, excesses rapidly developed in disease. First came cutaneous distempers, leprosy, boils, elephantiasis, etc., the common effort of nature to throw visceral impurities to the surface. As early as King Asa, that right and royal malady, the gout, had been invented. Then came consumption and the burning ague, and the disorders of the visceral organs, and pestilence; or, as the Bible expresses it, "a great plague and of long continuance, and sore sickness and of long continuance." Until the time of Christ, we see how diseases of all kinds had become the lot of mankind, by the crowds that flocked to him to be healed. And so frightfully, so disgracefully numerous have diseases become, that if we were to write down their names in the smallest legible hand, on the smallest bits of paper, there would not be room enough on the body to paste the labels."†

*Scott's Vision of Don Roderick.

†Inaugural Address.

The Catholic Church at an early period opposed itself to blood alliances. Says Pope Gregory, "*Experimentis didicimus ex tali conjugio sobolem saccrenere posse.*"

Says Dr. Gregory, "the most noble and ancient families of nobles and princes are diminished daily and perish, so that no nobility would remain shortly, unless they intermarried with the common people."* Some of the exclusive aristocratic families of England are becoming extinct by constant intermarriages. In 1583, the Council of Berne accorded the right of *bourgeoisie* to 387 families; within two centuries, 279 of these families died out. One of the largest asylums in England is for idiots, the children of the aristocracy, and the fruit of marriages of consanguinity. Intermarriage with blood relations for ages has deeply impregnated the Guelph family with scrofula. The earlier years of Queen Victoria were spent in feebleness and disease, though she is now to all appearances healthy.

M. T. Perrin has shown that in the establishment for deaf mutes at Lyons, of which he is physician, at least one-fourth of these unfortunate cases are the fruit of marriages of consanguinity, and the same is true in the establishment for the incurable at Ainay, nearly one-fourth of whom show a like origin. Speaking of intermarriages, Burton says "I think it hath been ordered by God's especial providence, that in all ages there should be (as usually there is) once in six hundred years, a transmigration of nations, to amend and purify their blood, as we alter seed upon our land, and that there should be as it were, an inundation of those northern Goths and Vandals and many such like people, which came out of that continent of Scandia and Sarmatia (as some suppose) and over-ran, as a deluge, most parts of Europe and Africa, to alter for our good our complexions, which were much defaced with hereditary infirmities, which by our lust and intemperance we had contracted. A strong generation of strong and able men were sent among us, as those northern men usually are, innocuous, free from disease, to qualify and make us as those poor naked Indians are generally at this day; and those about Brazil, (as a late writer observes in the Isle of Maragnan), free from all hereditary diseases or other contagion, whereas without help or physic they live commonly one hundred and twenty years or more, as in the Orcades and many other places."† Discrimi-

*Conspectus, chap. XXI, § 830,

†Anatomy of Melancholy, part 1, Sec. 2, Mem. 1, Sub. 6.

nate intermarriages will do more to elevate the human race and attain a high position in intellect, virtue and physical development than centuries of education. In vain do we educate and elevate a portion of the race; if the improved beings thus produced commingle with the mass of feeble, diseased, passionate; selfish, ignorant, superstitious, criminal and miserable beings who constitute the inferior strata of society, among whom the process of degeneration may be as active as the process of elevation can be made by the teacher. If this commingling could be prevented, and the propagation of the nobler portion of the race alone permitted, we should witness a rapid advancement of mankind in wisdom, happiness and power. "The perfection which has been attained by breeders of domestic animals, the dog, horse, cow and sheep, might be more than equalled in the improvement of mankind. No other agency for human improvement is so important as this. Could any system, of legislation, or any social combination, thus correct the propagation of vice, crime, ignorance and disease, giving free scope to the growth of intelligence, truth and virtue, such a moment would increase the speedy redemption of the race from ignorance and suffering."* Could the lower classes be taught, especially the females, the importance of the physiological laws which govern the marriage relation, and to secure in their alliances qualities superior to their own, the human race would not degenerate but rather undergo improvement. Especially should marriages be prohibited between persons suffering from any hereditary taint, and the father and mother, for a year previous to the birth of each child, should pay the greatest attention not only to their physical health, but to the cultivation of their moral and intellectual faculties. I think the cause of such contrast which is sometimes seen between children of the same family could be explained upon this principle: one child is born while one or both parents are laboring under great intellectual excitement, with a high state of physical health and animal spirits, and it inherits a natural genius and energy that will perhaps make a mark in the world. Another is born while one or both parents are undergoing great sorrow and trials, with mental inactivity and ill health, and the child is perhaps a perfect contrast from the other child. But how can we expect an improvement in society, when we reflect that of eight hundred millions of human beings which people the globe we inhabit, there are not

*Buchanan's *Anthropology*, p. 272.

perhaps two millions whose minds are truly enlightened as they ought to be, that there is not one individual out of four hundred of the human race, that passes his life as a rational being, employing his faculties in those trains of thought and active exercises which are worthy of an intelligent nature? For in so far as the attention of mankind is absorbed merely in making provision for animal substance, and in gratifying the sensual appetites of their nature, they can be considered as little superior to the lower order of animated existence.* Says Walker, "to the want of renovation, I conceive, we may chiefly attribute the barbarism which for unnumbered ages has reigned in Africa, and probably in the South Sea Islands, and amongst the aboriginal tribes of America; and jealousy of the stranger, perhaps, has kept the Chinese stationary for many thousand years."† We do not know if the progress of the American Republic may not be, in some measure, attributable to the circumstances here considered, (*i. e.*, intermarriages). The American melange of all the different nations of Europe, though mostly of English, Scottish and Irish descent, are noted for activity and enterprise; and their march of improvement in practical science, the mechanical arts and commerce has surpassed what could have been anticipated in a people cast into a wilderness so distant from the civilized world. The aboriginal New Zealanders are rapidly fading away in the presence of the English colonists, who belong to a race of higher energy and superior intellectual power. The government agents attribute the decrease to illicit intercourse and constant intermixture of blood and the use of unwholesome food.

"They breed in and in, as might be known;
Marrying their cousins, nay, their aunts and neices,
Which always spoils the breed, if it increases."

We find in ancient times, and in our own times, that the parents of the greatest men were totally unlike in temperament and in blood. Some of the greatest men in Greece were of obscure origin, and foreign female slaves gave birth to many of them. A Carian woman was the mother of Themistocles; a Scythian was that of Demosthenes, and a Thracian gave birth to Iphicrates and Timotheus. Philip of Macedon went once into Thessaly and married Olympia, sister of Arybbas, king of a small principality

*Introduction to "An Essay," on the improvement of society, by Thos. Dick, L. L. D., p. 13.

†Intermarriages, p. 312.

which skirted the western frontier of Thessaly, and the descendant of a race totally different in character and habits from that of Philip: the consequence was the birth of Alexander. We may remark here that men distinguished for great powers of intellect have always had mothers of stormy powers of mind, or, in other words, no woman who is weak or deficient in intellect ever had a child distinguished for talents. It has been said that if in all marriages, the parents could be alike, physiologically and psychologically, woman would suffer less during gestation; for two similar natures may mingle and assimilate pleasantly while opposite temperament, like alkali and acids, effervesce and refuse to unite.

Correspondence.

Army Surgeons.

[The following was written in March, 1863, but for reasons remained unpublished. The writer, a Surgeon of the Army of the South-West, has forwarded it to us for a place in our columns. We publish it *cheerfully*, though the time for its usefulness is perhaps somewhat past.—E. B. S.]

HEADQUARTERS 22ND KENTUCKY INFANTRY, }
Miliken's Bend, March 18, 1863. }

MESSRS. EDITORS—Allow me space in your columns to respond to some of the many charges made in the papers in the North, against the Medical Staff of General Grant's branch of the Union Army, on duty in the vicinity of Vicksburg. Like the members of every other arm of the service, they should be held strictly accountable for the proper performance of their duties, and arraigned at the bar of public opinion, and if found remiss in the discharge of the responsible and sacred obligations, they should be at once driven with shame and ignominy from positions they have abused; but if otherwise, they have labored assiduously and conscientiously under circumstances of great perplexity and difficulty, they should be sustained with cheerful and ready confidence in the future. Common justice demands this much and will submit to nothing less. The people are jus

and will not condemn without knowledge. But if without consideration or investigation, ever penny-a liner who follows the army is tolerated in gross and unmeasured abuse of surgeons because disease and death stalk in our midst, how long, let me ask, will it be until they drive from their positions all who feel a just pride in their noble and humane profession?

After an experience and observation of sixteen months in the field, I dare to affirm that no branch of the service undergoes the same dangers, exposure and fatigue, with so little of public sympathy and support. Other branches of the army have their periods of comparative relief. The surgeon's duties are ever beginning, never ending. On the field, they are subject to the same casualties as others. In hospital and night watching, they are in "labor more abundant than they all." Those who are found so ready to assail the surgeon seem not to know that in all wars, vastly more men die by disease than are slain in battle. All history sustains this observation, and the carpers may not gainsay it. And the truth is equally patent that new levies suffer very much more than old troops, who have been inured to the vicissitudes of camp life. Let it be born in mind that much the largest portion of the force assembled here is made up of new regiments, called into service last fall, or of new enlistments into old regiments, and many of them are men who should never have been mustered into service. Allow me to state facts.

The army which assembled at Memphis in November and December last, under Gen. W. T. Sherman, were held in camp at that point some three to five weeks. During that period much rain fell. The camping ground was flat and without natural drainage, and for days together, the camps were flooded, and ankle deep in water and mud. Neither plank nor straw were supplied, and the soldiers made their beds on the ground, with only their blankets between them and the wet earth. The new regiments were at this time going through with measles, a disease which in its immediate and remote results usually decimates armies. On the twentieth of December the army was embarked on steam transports for the Yazoo expedition. The boats were much crowded, occasioning thereby great suffering and ultimate disease. The "Crescent City" was assigned to the 22nd and 54th Indiana regiments of infantry, with one section of the 1st Wisconsin battery of heavy artillery, comprising in the aggregate some fifteen hundred men. Along with the regiments were all

their transportation horses and mules, numbering over one hundred. All these were crowded on a single boat having capacity to accomodate with regard to health, not more than one-third of the number. Half of our regiment was assigned to the hurricane deck without shelter from the storms of wind and rain or the piercing cold of the nights, and without any means of cooking their rations. The rest of the men were divided between the upper guards, the lower deck and the hold of the boat. Yet I affirm that those on the hurrican deck were in much the most preferable condition for the preservation of health. Those in the hold of the vessel were constantly breathing an impure and fœtid atmosphere, murderous to animal life, and those on the lower deck were crowded between double rows of horses and mules, packed so closely that it was utterly impossible to clear up their litter. Even to the present day, the reeking effluvium of animal and human excrement stinketh in the nostrils of my memory. Against these wrongs, my official protest was earnestly and repeatedly made, but the necessities of government were pleaded in extenuation, and the protests were powerless for good. Under these circumstances, the men sickened rapidly, and by the time the expedition reached its destination on the Yazoo River, every available portion of the cabin of the boat was occupied by the sick, and the evidence of blood poison made manifest by numerous cases of erysipelas.

The battle week on the Yazoo was a week of rain and storm, with cold nights for this latitude. The troops bivouacked with only the clouds of heaven above them, and with the earth beneath saturated with moisture. From early dawn until dark, the roar of cannon and the roll of musketry was ceaseless, but when night came, it brought neither rest nor sleep to the weary soldier. For three consecutive nights the pick and shovel were plyed with unceasing vigor from dark until dawn, to secure and maintain by continuous rifle pits the advanced positions taken by the artillery. After the assault on Chickasaw Bluffs, many of the wounded were left on the field one, and some of them, two nights, the enemy declining to receive a flag of truce the day after the battle. Scarce had the roar of cannon ceased, before the troops were in haste re-embarked on the transports, and the army directed its course to Arkansas Post to undergo for three days and nights again the exposure of campaigning without shelter. After the debarkation at this latter post, the march to surround the fort was

effected through dense forest, intersected with marshes and bayous in every direction. The troops reached their position with garments soaking with moisture and literally covered from head to foot with mud. And when a brilliant victory was won, a storm of wind and rain and snow, unprecedented in this latitude for its severity, came on, and searched out with inexorable vigor the vital warmth of the most robust and vigorous. During the prevalence of this storm, the troops were resuming their positions on the boats. In all my experience of army life, this was the most cheerless and disagreeable day, and to the private soldier it was followed by a night as cheerless, as one-third of them were without shelter, and sank to sleep amid the pelting of a "pitiless storm," worn out with the fatigues and exposures of three days, marching and fighting, in clothes saturated with water. That men under such circumstances should sicken and die is not strange. With me the only wonder is that more men have not gone to their long homes. The badly wounded of both expeditions to the number of three hundred and fifty, were collected on one boat and sent North to hospitals, and the whole world is filled with rage and indignation that seventy-five of the number should die before they reached Cairo. Shot and shell wounds following the debilitating exposure, in but too many instances, being almost equivalent to a death warrant. Let me ask, however, if the ratio of deaths here were much greater than follows from gunshot wounds anywhere, everywhere in civil life, with all the appliances at hand for careful nursing and attention. I trow not, and challenge the production of statistics to refute my position.

There are wrongs, however, connected with the medical branch of the army, of which surgeons and the world have just cause to complain, and the abatement of which will promote general efficiency. Red-tapeism hampers the purveying department to such an extent, that old soldiers as General Grant is, can not unravel its tangled web.

The mercantile men of Chicago manned and sent into the field a battery of artillery at their own expense, and they have kept a surgeon on pay without calling on government for any thing in the medical department except medical supplies, such as the daily wants of camp life imperitively demand; and yet, with requisition after requisition approved by the medical director of the 13th Army Corps, backed, too, with an order from General Grant to issue the needed supplies, the medical purveyor set all at defiance

and refused to honor the draft, because the battery surgeon was not enrolled as an army surgeon. The battery was supplied on the requisition of the writer of this at some personal pecuniary risk.

The surgeon of the 114th Ohio Infantry, one of the recently raised and suffering regiments, with a daily sick list during the month of February of three hundred men, sent in a requisition to the department purveyor for medical supplies, done up in accordance with the regulations, approved by the medical director, calling for opium, morphine and quinine, and it was met with the insolent message: "Tell Dr. —, if he sends another requisition here during this quarter for opiates or anodynes, I will report him for incompetency." Only half the medicines called for were supplied, and this is the kind of supercilious impudence and arrogance tolerated in the subordinates because they happen to hold positions in the regular army.

The medical staff of the army are classed as non-combatants, and the valorous knights of the white feather sit at home in their cozily arranged chambers and cut and thrust and stab reputations by embracing all surgeons in the sweeping charges of incompetency and drunkenness. The charge is a calumny. I have acquaintance, more or less intimate, with most of the surgeons of the 13th Army Corps, and as professional men they will compare favorably with an equal number of men any where. During my army life I have met with but one surgeon who had by his intemperance disqualified himself for the discharge of his duties, and he was compelled by general indignation to resign his position, and I have met with but one brute in the uniform of an army surgeon; a man who said to me in the city of Memphis "that he owed no duty of courtesy or humanity to any soldier outside his own regiment." "A whip should be put in the hand of every honest man to lash the rascal naked through the world."

Homeopathy and Homeopathic Physicians.

WHILE not doubting that the past services of the Homeopathic Profession are, and have been, highly esteemed, by a large portion of the community; and desiring, if hereafter to be meritorious, the permanent establishment and growth of this system, a few matters, intimately connected with it, are thought worthy of comment.

It may be remarked that among our physicians of this school, there is a general and increasing tendency to engage in business pursuits, entirely disconnected from their profession; and these of a nature that cannot well be successfully managed without distracting time and attention from the main object they have in view—that of placing Homeopathy on an equality with, or superiority over, Allopathy. Their profession being not only one, among others, requiring an *undivided* attention, that that proficiency may be obtained which is always the accompaniment of success; but being in its youth, and notoriously opposed to, and struggling for, preeminence over, or at least equality with, an opponent, a longer and more firmly established branch of the same service, it requires more than usual close attention and application, that its merits may be fully *developed*; and the approval of the public, should be relied on as a matter of *consequence* only, than as being capable of being accelerated through the means of petty devices and worthless theories.

The want of concentration appears to exist among the more prominent members of the profession in this city—which claims to possess the largest College, of this class, in the United States, and to be the converging point of Homeopathy—and which, if only applicable to those of inferior position, might not be cause for surprise; nor apprehension as to the future bright prospects entertained by the system.

Observation will undoubtedly convince us, that the time and attention of a large number of our more eminent physicians are, to a greater or less extent, devoted to various business matters apart from their profession. Considering the support of each individual member, and his appreciation of the science, as exhibited by actual practice, as conducing to its apparent solidity and growth, this presents itself, as matter that certainly should, and will, have the effect of depreciating Homeopathy.

The Habuemann Life Insurance Company—and another similar Company, formed on the same basis, is reported to have just been organized in one of the Eastern States—is established upon the principle, that a strict application of this system to disease, etc., *prolongs* life a certain per centage, as compared with the administration of its Allopathy rival; and on this account, the common rate of premium can be reduced in this Company, making it ten per cent. lower than in those of other Companies, and when this principle will have been exemplified, through the suc-

cess of the enterprise, as physicians claim, the correct superiority of the system, in reference to the public, would be established beyond doubt. A possibility only can be admitted, of this prolongation of life being so established *in figures*, to be layed away for the use of *Insurance Companies*; though it may not seem clear to any who do not understand the theoretical ratio of human life; but will it appear to communities generally, that the patrons of Homeopathy live *to a greater age* than the patrons of Allopathy? Are there not large numbers of persons who, believing the Company to be fully responsible, and caring nothing about Homeopathy, and who, very seldom, if ever, use medicines, and *when* doing so, think, or care, nothing as to its classification, would insure on account of the reduced rate of premium? And would not these persons, should they live the required average time, in the *figuring up*, by the Company's actuary, be included as the patrons of this system, and as producing evidence of the practical truth of this theory? Do not the mere uncertainties of life, the doubts as to who of the patrons of the Company take medicines, and what kinds are taken, exclude any such deduction? It may be safe to say, that such uncertainties cannot be removed from the minds of the people. A man's life is undoubtedly prolonged or shortened, according to his habits of living—whether he lives temperately, and acquires habits that are conducive of good health; or dissipates, and suffers from the effects of vicious habits, etc. Medicine may prolong a life for a period, more or less lengthened; but it is much to be questioned whether the superior value of any one system over another, in the actual *prevention of death*, can ever be satisfactorily proved. Figures will do very little towards it. During the prevalence of any malignant or contagious disease, the application of one class of medicines may be very efficacious; and it is claimed, that remedies have been prepared and applied, by Homeopaths, in several epidemic diseases, with extraordinary beneficial effect, as compared with Allopathic remedials; in fact to such a degree, that a Governor of New York is accused of "*murder*" and "*systematic robbery*" in having allowed Allopathic physicians to treat indigent persons in that State afflicted with cholera. If *figures* are the only evidence of the truth of this, why are they not accepted as conclusive by the people, at once placing Homeopathy in its desired position, to the depreciation of Allopathy? Because evidence of this kind appears so uncertain, and in fact, *is* so, that they have very little, if *any*, faith in it.

This Company is devoted wholly to Homeopathy, in its principles, and undoubtedly owes its *organization* to members of this profession, and of course, is endorsed and recommended by them in the strongest terms, as being the germ that will develop a future preeminence over all other systems of medicine, by the means of *figures*, that shall be *irrefutable*; and not considering that they have any pecuniary interest in this *germ*, does not this deviation from a dignified professional course, and its weak zealousness, simply a want of confidence in the depth and intrinsic merit of the service, and consequently its expansion?

It can be implied from the concurrence of other of our physicians, in a recommendation of the Company, by Dr. O. O. Blair, who *himself* affirms that he has no pecuniary interest in it, in the September (1866) issue of the "Hahnemann Monthly," that the profession generally are interested otherwise than pecuniarily. If such is the fact, to a greater or less extent, which naturally can be conjectured to be so, from this circumstance, and the self-evident origin of this enterprise, does it not represent the system as *unsubstantial* in not proving profitable to its individual members—for it certainly should have a sufficiently firm footing, at this time, to furnish the means any ordinary professional man requires; or, does it display an unwillingness to devote their energy to it, from which the same result might be drawn, as one doubting their capability of estimating its worth.

That many of the Company's general agents now are, or formerly were, members of this division of the medical profession, and are deserting, or have deserted it, certainly exercises an influence averse to its growth, in exhibiting a fickleness of purpose and indifference to it; and these may be affirmed in favor of a statement, that it has little value.

Are not those physicians who devote their time wholly to their profession, and who are not pecuniarily interested in this investment but who zealously recommend it to the community, and all do so, equally liable to censure, by degrading the service by an appeal to such means, as proof of superior merit? A system of medicine that is just beginning to be regarded with respect should be cautious in accepting such modes of diffusing its name. The Allopathic branch exhibit a greater dignity, and seemingly a more steady purpose, firm resolve, and evident appreciation of the importance of *their* system. These inconsistencies are significant of an insolidity in this branch of the medical service.

And the decision of the people, through the quiet acquiescence of the majority, appears to be the only means through which this question of merit, or demerit, as distinguishable from one another, may be determined.

And as the most numerous of the profession, are composed of comparatively young men, if it has not sufficient *inherent* stability to engage the undivided attention of the most talented of them for a life time; and does not give promise of that wealth requisite to enjoy the luxuries of life; and if desired at the dawn of old age, to retire from an active professional career, with a comfortable income, and enjoying the respect of the community—if it will not give such promises to men of ability, with a moderate amount of prudence—then it is undoubtedly a service unworthy of their attention, and certainly cannot claim public patronage.

CLEVELAND, February, 1867.

Indolent Ulcers.

THE most satisfactory mode of treatment for an Indolent Ulcer, around which the tissues are indurated and the surface black, with considerable congestion, is to fill the excavation with a powder composed of—as a whole—ten parts: seven of Act. Plumbi, one of Pulv. Opium, two of Calomel. Morphine may be substituted for Opium. This while it excites proper action to the parts, relieves pain, unloads the vessels, and will sometimes change the color of surrounding parts, in twenty-four hours, to a bright red. In varicose ulcers the lead has a good effect upon the dilated vessels. Apply adhesive plaster to the limb that the pressure may aid in relieving congestion. The straps will depress elevated edges. The ulcer will heal kindly.

D. A. MORSE, M. D.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

On Excision of the Clitoris as a Cure for Hysteria, etc.

By THOMAS HAWKES TANNER, M. D.

THE propriety of Clitoridectomy has been a matter of much recent discussion. We therefore give the following full report of a recent sitting of the London Obstetrical Society, taken from the *London Lancet*.

“After some introductory remarks, the author gives his reasons for believing that the operation of clitorotomy will not prove of permanent value as a remedy for the cure of hysteria, epilepsy, insanity, etc. He first shows that extirpation of the clitoris in the female is analogous to circumcision in the male, though the latter has advantages not possessed by the former. But as castration is not curative of epilepsy and insanity, even where these diseases are supposed to be dependent on improper practices, so, *a fortiori*, circumcision is perfectly useless in this respect. Secondly, he attempts to prove that, even if it be true that many of these diseases in women are due to ‘peripheral excitement of the pudic nerve,’ excision of the clitoris will not be curative, because by it several branches of this nerve are left uninjured. By tracing the distribution of these branches, he shows that in clitorotomy, however extensively performed, the trunk of the pudic nerve cannot be removed or injured, but only that portion of it which corresponds to the dorsal nerve of the penis in the male, and which supplies the frænum and prepuce generally. Thirdly, indirect evidence is brought forward to show that although certain nations have practised excision of the clitoris for many centuries, yet no evidence has been obtained of any useful results. Under this head, particular reference is made to some remarks by the late Mr. Daniel, on the circumcision of females in Western Africa. According to this gentleman, the excisive process is not confined to one particular part, but is more or less varied in accordance with the usages of the different countries where it is resorted to. The operation consists either of (1) simple excision

of the clitoris; (2) excision of the nymphæ; (3) excision of both nymphæ and clitoris; or (4) excision of a portion of the labia pudendi, with either or all of the preceding structures. The history of the operation is involved in obscurity; but Mr. Daniel surmised that it is one among the many singular customs faithfully preserved by the African races through the lapse of centuries, having probably been originally inculcated as one of those gloomy rites which the female proselyte had to undergo prior to her initiation into certain mythological creeds. When in Old Calabar, Mr. Daniel had the opportunity of witnessing the operation; which is performed there, as elsewhere, by aged females. The girl having been placed on the knee of a woman, with the legs apart, the clitoris was seized forceps-like by two pieces of bamboo or palm-sticks, and being gently drawn forth, was severed with a sharp razor. The rather copious hæmorrhage was allowed to exhaust itself, the parts were bathed with cold water, the body dotted with some fetish preparation to avert malign influences, and in two or three days the invalid was allowed to resume her usual occupations. That the operation does not prevent licentious and depraved conduct seems certain; for Mr. Daniel asserts that social life in most of the pagan towns of Western Africa is darkened by scenes of the grossest demoralization.....an illicit and promiscuous sexual intercourse is constantly carried on by nearly all classes of slave subjects, who, not fettered by any moral obligations, and solely intent on the gratification of their passions, give them an unrestrained reign long before the age of puberty.' In girls of high birth, who have been guilty of prostitution, 'another and more inhuman barbarity' is perpetrated: consisting of the introduction into the vagina of the unripe pods of the capscum fructescens, or bird pepper, beaten into a soft mass. The active inflammation which results produces severe pain, and often a permanent obliteration of the vaginal canal. Fourthly, Dr. Tanner details three cases in which he has excised the clitoris; as well as the histories of two women who have consulted him, and who were operated on at the London Surgical Home without their deriving any benefit. In conclusion, the author states that he has brought forward the subject of this operation for consideration more as a learner than as a teacher. It has been published to the medical world that very many gentlemen have adopted the operation of clitorotomy in proper cases; and amongst other names those of Sir James Simpson, Dr. Beatty, Sir John Fife,

Dr. Savage, and Dr. Routh, are mentioned as having done so. Is it not very desirable that these physicians should detail the results of their experience, and especially that they should communicate to the profession any information they possess as to the permanency of the cures which have been effected?

Dr. Wynn Williams said, as no one appeared anxious to commence the discussion on this very interesting paper, he would do so by first relating the particulars of a case of a lady who had been under his care both before and after she had undergone the operation of clitorotomy at the London Surgical Home in the year 1863. She had been an occasional patient of his for several years previous to this date, and had been suffering from paralysis of the lower extremities, which he believed to have been caused by an injury of the lower dorsal vertebræ from a fall down some cellar steps. In the year 1863, she having come to reside in London, came again under his care with her symptoms of paralysis very much aggravated. She could extend her limbs, which she did with a jerk, but appeared to be unable to put them to the ground in the place she wished. On his visiting her one day he was informed that she was going into the London Surgical Home. Being satisfied that it was not a case for surgical interference, he attempted unavailingly to dissuade her from doing so. He did not see or hear from her again for rather more than two years, when she came under his care in a most pitiable condition. She informed him that she went into the London Surgical Home, had been operated upon by Mr. Baker Brown, and had remained there some two or three months, but had derived no benefit from the operation; on the contrary, she had gradually become worse and worse. He now found her with both limbs drawn upon the abdomen, with the left under the right, so that the hand could not be passed between the thigh and the abdomen. There was also a sloughing sore in the groin, produced by pressure of the two opposing surfaces of integument. Dr. Williams was enabled, under the influence of chloroform, to forcibly to extend the limbs, but it was with the greatest difficulty he could prevent them from returning to their old position. Ultimately anasarca of the integuments of the lower extremities and body took place and sloughing, she dying of exhaustion. His patient informed him, (being also confirmed by her sister) that she had not been in the habit of abusing herself, and that she was not at all aware what operation was going to be performed, or she would not have sub-

mitted to anything of the kind. This of course was the assertion of the patient, and would have to be taken for what it was worth. Dr. Williams stated he did not believe that clitorotomy was a justifiable operation for the cure of hysteria, epilepsy, &c. It was true we are ordered, if a member offended us, to cut it off; and he thought that the clitoris was not the offending member, but the arms and hands; these then, were the members that should be cut off. Of course he did not seriously recommend the amputation of the arms but there can be no reason why they should not be placed under restraint by being fastened behind the back. Indeed, it appeared that something of this kind has been done after the excision of the clitoris. He had witnessed on two or three occasions at the Surgical Home Mr. Baker Brown excise the clitoris and was much struck with the fact, as pointed out by Mr. Brown, that in all these cases there existed small polypi in the rectum. Dr. Williams suggested the removal of the polypi in the first instance, remarking that he believed these were the cause of the irritation, as worms were known to be when located in the rectum. But no; polypi and clitoris must be, and were, removed at the same time. In conclusion, he believed that cases of epilepsy and hysteria curable after clitorotomy were curable without it, and cases not curable by other means were not curable by clitorotomy.

“Dr. Routh was surprised to hear his name mentioned in authorizing the frequent use of clitoridectomy. Indeed, he might say that at the Samaritan Hospital it was not adopted, not because some of the staff did not think well of it in some cases, but because others held extreme opinions on the subject, and for the sake of peace it was very rarely practised. He did not know that Dr. Savage had performed the operation more than once in the hospital, and although, including a case of elephantiasis clitoridis operated on by Dr. Rodgers that day, it had been done three times. He had, however, sought to obtain information on the subject, and through the kindness of Dr. Brown, had seen several of his cases at the Surgical Home, and watched them closely. He would only speak of two he had seen there, which had made a great impression on him. One was that of an idiot girl, who after the operation had gradually improved, so as to be able to read the bible and converse, and who he understood was now in service. The other case was that of a lady who used to have seven epileptic fits daily, and who since the operation—extending

over a period of several weeks—had ceased to have them altogether. We must not, he said, shut our eyes to the fact that cases were occasionally brought to us where every preventive effort had been made, and failed. Others in which treatment had been persisted in for years (two or three years) specially by caustics and blisters, besides internal drugs and failed. These were the cases in which he thought this operation—which he, with Dr. Tanner, looked upon after all, as a kind of extended circumcision—might be tried. Suppose it failed, was it necessarily a wrong step to have taken? We might argue with equal justice against the future use of caustics and blisters. Want of success, particularly at the beginning of trials, was common both in medicine and surgery. Doubtless clitoridectomy was sometimes unsuccessful. Sometimes patients suffering from irritation in one part supplied by the pudic nerve, if cured in such part, but not desirous to be cured, and not morally controlled afterwards, would resume habits which would create irritation in other parts supplied by the same nerve. There were three parts especially in which this sexual irritation would be observed. 1st. In the clitoris—the most frequent. 2d. In the fourchette. 3d. About the anus—a rare affection, and one, he trusted, more rare even than he thought. The proper operation would be to cut the nerve nearer its origin; but this he feared was a dangerous proceeding. Still it was philosophical in the case of clitoridectomy. If a patient was morally controlled, also, the operation might turn out successful, not only as a salutary lesson, but by affording a break to a long continued injurious practice which might be prolonged, and so bring about a permanent cure. He denied, however, that depravity was at the bottom of these practices. Religious, good, and honorable women, had learnt it without knowing it had any evil tendency on principle. Dr. Savage's case occurred in such a woman about seventy six years of age. Mere defecation induced the clitoric organism. Clitoridectomy cured her. This case was pathologically interesting in another point of view: because, though the organism was excited at a posterior point to the organ affected, the removal of the latter resulted in a cure. Stating firmly his belief that Mr. Brown had practised his operations in an honest inquiring spirit, and on scientific bases, he thought, however, that until statistics are produced to prove the contrary, clitoridectomy should not be practised until all other means, prosecuted over a long period, had failed, and never except after con-

sultation with a brother practitioner, wherever practicable. As offering a chance of recovery a patient should have the option to try it, all circumstances being freely explained to her. This was not only the fair, honest straightforward course to pursue, but it was also the philosophical course.

Dr. Tyler Smith said that as this subject had been thrown into the arena of public discussion, he felt bound to relate his experience and express his opinion in the matter. In the first place he must express his surprise that Dr. Tanner, and Dr. Routh, had spoken of clitoridectomy as analogous to circumcision in the male. The fact was that the prepuce or foreskin was a very unimportant structure as compared with the clitoris. As regards sensation, the clitoris was the analogue of the male penis, and was the organ of sexual sensibility in the female. It had happened to him to have at one time in St. Mary's Hospital two patients in whom the clitoris had been removed at the London Surgical Home. One was a married women, and the other a very respectable single person. Both of them declared they had not practised self-abuse. They were not in any way benefitted by the operation. They further stated that the operation was performed without their being at all aware of its real nature. On one occasion he was consulted by an unmarried lady of rank, upon whom clitoridectomy had been performed, and who declared she had only consented to the operation because she was fearful that unless she did so she would become insane. This patient confessed to the existence of great sexual irritation, but she stated that the operation had not been of any service in this or any other respect. In another instance, he had been asked to see a young unmarried lady, and give an opinion upon her case and its treatment. He found a number of small fissures round the anus, producing much irritation, which extended forward to the vulva. He could detect no other signs of disease, and advised that the sphincter should be forcibly dilated so as to separate the cracks. He was then asked if he did not think some further operation imperatively required, and on replying in the negative, was told that Mr. Brown had seen her and had advised the removal of the clitoris; she also feared mental disease, though then there was no sign of it; and the patient strongly maintained that she had not excited herself beyond scratching to relieve the itching. He (Dr. Tyler Smith) protested against the removal of the clitoris in this case; but as he saw no more of the patient, it was prob-

ably performed. Such were some of the cases he had met with, and which had led him to the conclusion that the removal of the clitoris in cases of hysteria and self-abuse could not be justified. We might as well think of removing the penis in cases of masturbation in the male.

Dr. Greenhalgh considered that the frequency and evil effects of self-abuse in the female had been greatly exaggerated. He did not believe that it led to idiocy and epilepsy as had been assumed; that girls suffering from these affections were occasionally addicted to such a habit he did not deny. He did not believe that the clitoris or nymphæ had anything to do with the habit, but that it must be rather referred to a peculiar mental condition requiring moral control. As, however, the value of clitoridectomy must be determined by its practical results, he would briefly narrate some cases which had come under his notice. The first was that of a single lady, about forty-two years of age, who had been addicted to this habit for upwards of seven years, and who was operated upon by Mr. I. B. Brown, on June 5th, 1865. In a note dated January 6th, 1866, this lady states, "that irritation has returned with its wonted force up the front and back passages. I feel grieved, having gone through so much, that there are no better results." The second case was that of S. W—, aged twenty-seven, single, admitted into St. Bartholomew's Hospital, under his care, on July 14th, 1866. She stated that four years ago she was admitted into the Surgical Home for a slight periodic discharge of blood from the vagina, with pains in the lower abdomen and about the hips, for which her clitoris and nymphæ were cut out, without her knowledge, by Mr. I. B. Brown, which operation was followed in three months by an abscess in the bowel, which burst and discharged matter for three weeks, since which she has been worse in every respect, suffering in addition from difficulty and pain in micturition and intolerable irritation, for the relief of which she "rubs the parts." Clinical clerk's notes:—"The poor girl assured Dr. Greenhalgh and others that she never had any irritation of the vulva or 'rubbed the parts' prior to the operation. A polypus was removed from her rectum while in the hospital. Discharged relieved." He referred to another case admitted into St. Bartholomew's Hospital, one of aggravated hysteria, which had been considerably worse since the operation, the nature of which she was wholly unacquainted with. She expressed great alarm when informed that the parts had been mutilated. Dr.

Greenhalgh regretted that he had not taken notes of many other cases, about which he had been informed by trustworthy practitioners, operated upon by the same surgeon, alike unsuccessful and pernicious in their results. He did not know of one case in which self-abuse, hysteria, idiocy, or epilepsy, had been permanently cured by clitoridectomy. He had, therefore, come to the following conclusions:—That the operation was based upon a false theory as to the cause of these conditions. That although self-abuse was temporarily checked by loss of blood, soreness of the parts, and moral control, ultimately the irritation and the habit recurred with increased intensity; in one case, at least, it actually produced the irritation and led to the habit it was said to cure. He consequently regarded clitoridectomy as a useless, pernicious, and most unjustifiable operation for the purposes for which it had been recommended by Mr. Isaac B. Brown.

Mr. Baker Brown, having thanked Dr. Tanner for the kindly tone and scientific manner in which he had treated the subject, proceeded to review the various cases brought forward, and the remarks which *pro* and *con.* had been placed upon his practice. Dr. Tanner's first case was unsatisfactory, because the inference was that restraint and moral influence had not been brought to bear after the operation. His second must be considered as at least in some degree satisfactory, since the patient, from formerly having been bedridden, was, after the operation, able, for the first time in her life, to pursue the calling for which she had been educated—that of a governess. Mr. Brown declined to deal with cases which came to Dr. Tanner having been previously under his care, because all must acknowledge that the history given us by patients of their treatment previous to coming to us could never be relied upon, and least of all in this class of cases, where there was not always an honest desire to be cured. These remarks would apply to Dr. Wynn Williams' case, and without reference to his case-book he (Mr. Brown) must decline to deal with it; but supposing all that Dr. Williams stated to be true, he had only done what many others had done—made a false diagnosis. With reference to polypi and fissures, Mr. Brown said that these were most frequently coexistent with masturbation; that he had frequently cured patients of hysterical symptoms by treatment of the bowel alone; but that by experience he knew now when to consider masturbation as the primary cause of disease, and when to treat both at the same time. Having thanked Dr. Routh for his speech,

Mr. Brown passed on to the speech of Dr. Tyler Smith, and protested in the strongest terms against his remarks. Mr. Brown then argued against the soundness of Dr. Tyler Smith's physiology in considering that clitoridectomy unsexes a woman; and entered into a detailed account of the cases Dr. Smith had mentioned, with a view of showing that instead of being no better, they were now quite well. Mr. Brown begged to tell Dr. Greenhalgh that his patient was now so much better that she expressed herself as most grateful for the treatment she had received; and he gave an extract from a letter lately received from her to prove it. And so far from the second case being no better, he had only left her that very day completely recovered from the operation, and with no return up to the present time of her distressing symptoms; to which Dr. Hawksley and Dr. Hawling could both testify. The patient had been under the care of Dr. Trustring, of Tunbridge Wells, for five months; and that gentleman had recommended her to undergo the very operation which two months later he stigmatised in the grossest language. In answer to Dr. Head, Mr. Brown said that his operation did not alter sexual excitement on marriage, and that not only had many of his patients borne children after clitoridectomy, but he had now five cases in which, from previously having disliked marital intercourse and preferred self-abuse, the state of things had been entirely changed after his operation. Mr. Brown concluded by relating three cases as types of several under his care. The first was one of paralysis of the lower extremities, the girl having been unable to walk since her earliest recollection. In three weeks after the operation she walked unaided across the ward, and lately left quite well. The second, one of incontinence of urine—a constantly dribbling away—in a girl aged fifteen, sent from Salisbury. She left six weeks after operation, able to retain her urine for three or four hours at a time. The third, a single lady, aged fifty, who had been for years subject to uterine hæmorrhage. The cause being diagnosed, clitoridectomy was performed; and since then she had been quite well. This was five years since; and many of Mr. Brown's cases had stood the test of seven and even more years. Mr. Brown regretted that his tongue was tied so frequently to secrecy that he could not relate the experience of his private practice. He would, however, engage to bring forward more than one success to every failure that might be mentioned; and if he could bring forward only twenty successes, it

would at least illustrate that this principle was right, and that with increased experience in selection of proper cases, increased numbers of cures would be the result.

Dr. Rogers, having had every facility given him by Mr. Baker Brown to see the patients who had been operated upon, and having conversed with several many months after the operation, felt bound to say that, in some cases at least, great good had resulted. It was admitted that it had entirely failed in others, but this was no reason for imputing improper motives or for denouncing the operation altogether. He thought the Society was bound to inquire into the facts in a calm dispassionate manner. Clitoridectomy had been very rarely performed in the Samaritan Hospital, as there existed a difference of opinion amongst the staff with regard to the result to be derived from it. He had that day removed a diseased and elephantine growth of the clitoris, the necessity for which, however, had been fully agreed to by all the staff of the hospital.

The President observed that the discussion had, perhaps unavoidably, turned too exclusively upon the validity of particular cases operated upon. He himself could have wished for time to express himself more fully upon the main question of the relations between masturbation and epilepsy and insanity. He had some experience in these diseases, and he could confidently say that in the majority of cases the vicious practice was resorted to after the disease had existed some time, when the mind had become degraded by disease, and when, being in confinement, the sexual passion could not be otherwise gratified.

Dr. Tanner, in reply, said that one of his chief reasons for bringing forward this subject was to ascertain from gentlemen who had had experience of the operation if the cures were permanent. This fact could not be ascertained by simply describing the state of the patients when they were discharged from the hospital. There could be no doubt that so long as the wound remained unhealed, and even for some weeks afterwards, no improper practices could be resorted to, as the parts were left very tender. His own opinion was that further evidence as to the condition of the patients some months after operation would be very valuable. It had been argued that in those cases where irritation was voluntarily produced, other remedies than excision of the clitoris ought to be tried. But on this point Dr. Tanner had no hesitation in expressing his opinion that the use of caus-

ties, blistering fluids, and the actual cautery to the clitoris were cruel and perfectly useless proceedings. There seemed to be no lack of reliable evidence that where such treatment had been adopted for many months no benefit whatever had resulted. As regards tying the patient's hands at night, fastening the legs, and so on, such proceedings had failed over and over again. The weak point in Mr. Brown's cases was, that for some months after the operation many of the patients had to be carefully watched; and the question could not be shirked whether such watching would not succeed just as well without the excision as with it. In conclusion, Dr. Tanner urged that the subject was eminently deserving of the attention of all engaged in the treatment of women's diseases. He had no doubt that many distressing cases of bad health were really due to long perseverance in the practice of the bad habits which had been mentioned to the Society. If clitorotomy could effect a permanent cure it would be a great boon; for notwithstanding what had been said by one or two speakers, he adhered to the opinion expressed in his paper, that this operation was analogous to that of circumcision in the male.

CINCINNATI ACADEMY OF MEDICINE

Thomas Carroll, M. D., *President.*

M. B. Graff, M. D., *Secretary*

Rupture of the Uterus.

FEBRUARY 18th.—Report of cases being in order, Dr. Unzicker moved that Dr. Patterson be requested to favor the Society with a report of a case of rupture of the uterus. Carried.

Dr. Patterson reported that on Thursday last, at 3½, P. M., was called to see a woman in labor. On arrival found os dilated; waters were soon discharged. The pains were characteristic, and as severe as in ordinary labor; the vertex was presenting with occiput forward; woman remained in this condition for eight hours, when pain ceased; the pulse fell to 48 per minute; exhaustion was present. Consultation was asked for and Dr. Dodge called in. On arrival Dr. Dodge examined the case and found rupture of the uterus with retrocession of the head. Further consultation was decided upon and Dr. Mussey was sent for. Dr. M. B. Wright, being in the neighborhood, was called in by Dr. Dodge. It was concluded to turn and deliver. Turning was effected, but the head could not be delivered with forceps. The head was

perforated and delivery effected; woman bore the operation better than would have been expected. Did not and has not complained of pressure upon abdomen; pulse 100; stimulants given with stimulating doses of opium; beef tea administered; case continued to do well until yesterday P. M., when patient was found with cold extremities; cold perspiration over surface; pulse gone. Was seen this evening again; will probably die before morning.

Dr. Carroll asked how the head was got into the rupture in the uterus.

Dr. Patterson answered that the head never escaped from the uterine cavity, being retained there by pressure over the fundus.

Dr. Dodge stated that at the time of rupture, the head was in the hollow of the sacrum, and afterward retreated somewhat.

Dr. Carroll reported a case to show a contrast. An old student of his, living at Fort Madison, Iowa, was called to see a woman on the Illinois side of the river. Found a rupture of uterus with escape of foetus. Performed Cæsarian operation, the incision being six inches long. Withdrew child and placenta; closed the wound by six sutures, and treated the case antiphlogistically. The child was dead, having escaped from uterus several hours before the Doctor operated. The woman was up in ten days and in three weeks was doing her work. No beef tea and no stimulants were given. Nothing was given to accelerate the circulation. Thinks Cæsarian operation should always be performed in such cases, for several reasons, among others, that blood will otherwise be left in the cavity of the abdomen. In case reported the women again became pregnant and has lately been delivered by aid of forceps of a living child. Thinks beef tea and opium giving in inflammations a humbug and most villianous. Opium should be given with blue pills, etc.

Dr. Dodge thought that no one could suppose active inflammatory action set up in such a laceration. The shock, etc. would indicate directly the opposite. Stimulants were evidently indicated; could not understand what advantage there could be in giving calomel. Thinks now that Cæsarian section would have been better and would probably use it in another case of similar character. Four doctors in consultation thought that turning and delivery would be proper, but the shock and difficulty in effecting removal were so great that the section would have been better.

Dr. Muscroft asked that Dr. Patterson would state again at what

time he came to the conclusion that rupture had taken place.

Dr. Patterson stated that he was absent at the time of rupture which was indicated by retrocession of head with evidence of laceration which could be felt.

Labor pains, Dr. Dodge stated, had ceased before he was called in. There was recession of head, great prostration, and by simple touch over epigastrium, he detected the feet of the child which evidently were not inside of the uterus. The head was found resting upon the symphysis pubis—the shoulders were afterward presenting when turning was resorted to. Dr. Mussey had been sent for to perform Caesarian section, but Dr. Wright thought he could effect delivery without abdominal section and the attempt was made. The operation occupied over three hours, having to separate the head from the body.

Dr. Stevenson asked if a case in comparative anatomy of rupture of uterus would be in order. Permission granted to report. A neighbor of Dr. Stevenson asked him one Saturday to see a cow that on Wednesday previous was thought to be about to calve. Found the uterus out lying in the mud where the cow was resting, with a laceration in it extending from the os to the fundus. The Doctor cleaned the parts with warm water and then returned them. Was afforded the finest opportunity he ever had of seeing the fragmentary character of the placenta of the cow. The cow was placed in the stall, and in three or four hours afterward, in attempting to urinate, the uterus was again extruded. The cow has since had three or four fine calves.

Dr. Carroll stated that in Dr. Paterson's case he did not know when first speaking that the operation lasted three hours. In such a case would probably have given stimulants; generally himself, gave opium in combination with blue pills; presumed that in the case no inflammation had sprung up.

Dr. Dodge stated that there was great nervous shock and prostration. Thought Dr. Carroll would have acted in like manner, giving opium largely and freely, and stimulants.

Dr. Gobrecht stated that in the original report nothing indicated inflammation but decidedly the reverse; thought the treatment was perfectly correct. Wished that Dr. Wright was present that he might ask him why podalic version was employed. Dr. Wright was the originator of cephalic version, and Dr. G. wanted to know why the shoulders were not elevated, the head allowed to drop into the strait and cephalic version employed. Thought podalic version not what ought to have been employed.

Dr. Carroll stated that Dr. Wright is not the author of cephalic version. Prior to Pare, one or two hundred years ago, such version was always employed. A French surgeon introduced podalic version. Dr. Wright is not the originator of Cephalic version.

Dr. Gobrecht stated he was not as familiar as Dr. Carroll with the history of the operation. Dr. Wright is at least the great American cephalic versionist.

Dr. Carson stated that a week ago yesterday, he was called to see a midwifery case, a woman having been sick all night, under charge of a midwife. Immediately visited the woman; found her lying exhausted; the vertex of the child was presenting and well down. The woman being very feeble, the Doctor went for his forceps. On his return he found the woman so feeble that he examined and questioned further; ascertained that the woman was taken in labor the evening before; about 11 P. M. she had a severe pain, and said she had bursted. No pains afterward; had some chill and prostration; diagnosticated rupture of the uterus; child found not living. Made arrangements to return in half an hour to open the abdomen; had to use stratgy to induce consent. Arrived at time of death; opened and found a hydrocephaloid child and a rupture in the anterior inferior part of the uterus, involving the cervix. Woman had been three times before delivered; diameters of head of child were biparietal $5\frac{1}{2}$ inches; antero posterior $7\frac{1}{2}$ inches; circumference of head $18\frac{3}{4}$ inches.

Puerperal Convulsions.

Dr. Murphy reported that on the 7th day of January, a lady, pregnant for the first time, came here from the country; was six months advanced. When near the city, she found herself feeling very badly; arrived in the city before daylight; husband reported to the Doctor that his wife was enormously swollen, swelling having commenced two weeks before; had headache, thirst, frequent scanty micturition. Told him she was in great danger of puerperal convulsions; ante-partum convulsions being quite as much or more dangerous than past-partum, or those occurring during delivery. Husband came again, early one morning, reporting that his wife said she could not see with her right eye and with the left eye everything appeared blurred. Case seen at 12 M. Patient semi-comatose; had a drunken look; face appearing as if spotted with soot; pulse full and labored, 64 per minute; pupils not properly responding to light; head warmer than extremities; could answer but not intelligibly. Four leeches applied to each temple. Ordered enema and a cathartic of X and X.

There had been previously much constipation; epileptic convulsions of left side at 3 P. M. Saw her in an hour and a half. Convulsions recurred every 15 minutes, until 11 P. M. Pulse 112. At 12 P. M. convulsions ceased till 2 A. M. Whether or not intermission due to potassii bromid, cannot say. At 2 o'clock had a terrible convulsion, then rest till 5 A. M., then occasional convulsions during the day; whole right side immovable. At 11½ P. M. began to moan; suspected labor pains, When examined in afternoon the neck was that of a six month's pregnancy. At 11½ P. M. found os dilated, and at 2½ A. M. on Sunday delivery took place; there was then convulsions on both sides; attacks of eclampsia. Woman remained unconscious till Monday, 7 A. M. Consciousness then gradually returned, and on Friday A. M., two weeks afterward, woke up all right—right on every subject but one. When about noon, complained of pain and was at once found paralyzed on right side. Pulse 80; entire loss of sensibility; pupils not dilated; was conscious; recognized the Doctor, but could not speak except to mutter "oui, oui, Monsieur." Gradually improving up to date; can occasionally speak a word or two; no forgetfulness of words; can point out the words she wants in the dictionary; there is hyperæsthesia of lower extremity, but not of upper; pulse and appetite good; sleeps well. Dr. Murphy wants to know whether this last attack was a cerebral hemorrhage or thrombosis, or what. The paralysis is decreasing in lower extremities, but not in upper; walked with assistance to day. The Doctor thought at one time for a few days that this was a case of aphasia, and related particulars of a case in Commercial Hospital. A soldier came in early Winter; when asked his name gave an entirely different one from that entered on the register. Expression of face stupid; complained sometimes of pain in the head. Upon examination, there was found depression of the orbital arch. Man died, and upon post mortem examination, it was found that a minnie ball had entered the inner canthus of the eye and pushed up the orbit, above which was an abscess containing 3i of pus.

Dr. Bartholow thought Dr. Murphy's case much like those of aphasia reported by Trusseau, and one lately reported by Dr. Hughlings Jackson of London. The organ of speech as now located is the the third frontal convolution but extends to the corpus striatum of the same side. Such cases as this one reported are very interesting, as serving to locate the faculty of speech.

Dr. Murphy reported a second case, a married woman, 21 years old, not very robust. Had some difficulty about the ovaries before marriage—said to have been ovaritis. Since troubled with pain in region of the heart; is dyspeptic; subject to constipation, and has had a little dry cough; is very pale, use of speculum proposed but permission refused both by individual and her mother. Has no leucorrhœa; has always suffered much during menstruation. Dr. Murphy was called in to examine heart and lungs; found no indications of disease. Gave bitter tonics; iron, opium, and other narcotics; all disagreed with patient. Potassii bromid. answered well for a week. Examinations being permitted there was found a patulous engorged os, with ulcerations on the side. Six cauterizations have been made, and have rendered the woman more comfortable than for six years previously. The improvement has been unusually great and happy for the individual, and the Doctor.

Dr. Bartholow asked if any one had seen Phlegmasia Dolens in the male. Dr. Murphy reported that while a resident in the Commercial Hospital there was a case in the house presenting evidences of femoral phlebitis, and usual appearance of phlegmasia dolens as it appears after parturition. Patient had been suffering from enteric fever. Dr. Moorehead, who was visiting physician at the time, did not acknowledge that it was phlegmasia dolens.

Dr. Bartholow reported that he has now under treatment in the Good Samaritan Hospital, a man who has had diarrhœa, whose limb now has all the appearances of phlegmasia dolens, due, in Dr. B's opinion, to thrombus in femoral vein.

Dr. Carson reported that he had had a case of the kind presenting ordinary symptoms; a small abscess below knee followed. Never had been a confederate soldier—ultimately died.

Dr. Dodge remembered one well marked case, in which the phlebitis extended up to the abdomen. The man ultimately recovered but is now a cripple, and has had several ulcers on leg, which were very difficult to cure. This was a case of phlegmasia dolens, as well marked as any in the lying-in ward.

Dr. Gebrecht reported that on Friday last Dr. Wise, of Covington, brought over to him a colored boy said to be 49 years old, but is probably only about 30. Boy claims to be brother of the Carolina twins, etc. Has never worked. Been twice married. Is well developed; his breasts are very large, and his develop-

ment in general is that of a woman. He pretends to be able to dislocate his ribs and heart. At first examination noticed nothing different from the ordinary female abdomen. He seriatim can contract the divisions of the rectus muscle. When the abdominal muscles are in a state of contraction, the heart can be felt beating as low as the left iliac crest. Saw the man yesterday and examined him carefully, man promising to come over this evening when he intended bringing him before the Academy.

The Doctor presented a resume of the various opinions held as to the office of the transverse striæ of the rectus and the reason why the tendon of the internal oblique muscle split so as to secure the rectus between its layers. Remembered that Cruviellier says the linea alba in pregnancy is so distended as not to completely return to its normal condition, so that in one two anterior pouches were formed, one above and one below the umbilicus, so thought as this man can, at will, form two pouches, there might in his case be an absence of the recti muscles. But close examination showed that on contraction the recti were well pronounced, and there was also contraction of the lateral muscles in distinct fasciculi, so hard that no impression can be made with the thumb; these contracted fasciculi seeming like abdominal ribs. Examined the heart, found it in its natural position and sounds perfect. On contraction the heart sounds were almost as distinct just above the iliac crest as over præcordia, the tense muscles serving as conductors of sound. The Doctor considered this case of much interest as throwing perhaps some light on the question of the office of the transverse striæ of the recti.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Amaurosis from Disease of the Brain: By S. HUGHLINGS JACKSON, M. D., Assistant Physician to the London Hospital, and to the Hospital for Epilepsy and Paralysis.*

THE case of Arthur J. seems to me to be one of cerebral hemorrhage, the effusion of blood having produced at first defect of speech with its almost invariable attendant hemiplegia, and secondarily amaurosis. With your permission I will speak not of this case only, but more widely on what its consideration suggests; for the case is both an eye disease and a disease of the nervous system. And while I apologize for the long letter I am inflicting on you, let me thank you and Dr. Bullen for sending me the patient for examination.

Hemiplegia at the age of 64, especially when it comes on suddenly, is generally due to effusion of blood in the brain. In your patient's case the paralysis was complete in a few minutes. The fact that his speech was affected makes me feel pretty sure that the clot involved the corpus striatum, and that it lay chiefly in that part of the corpus striatum which is outside the ventricle, and that it extended towards the convolutions near the motor centre. That the clot involved these parts I have little doubt, but I will again refer to its position.

*Of the case Dr. Jackson refers to, I unfortunately have but very scant notes. It was that of a man, aged 64, affected with cerebral atrophy of the optic nerves. With either eye with +14 he read No. 16. His acuity of vision was under 1-100. He told me that about six months before I saw him he had been struck by paralysis, losing, at first, power over his right leg and foot, and then over his right arm. He stated the paralysis was at first complete, excepting that he could just move slightly the fingers. His speech was, he said, at the time of the seizure very unintelligible, being, as he expressed it, reduced to a mere "gabble." He did not lose his consciousness. He was not aware of any premonitory symptoms. When I saw him, in addition to his defective sight, there existed partial loss of power in the right limbs, and considerable loss of sensibility of the right side of the body, especially of the hand. I then sent him to Dr. Jackson for his opinion of the case, of which he has kindly furnished the above commentary,—J. Z. L.

Your patient told me that at first, and for a long while, his speech was a "gabble," but he has improved so much that now he speaks nearly well. It may be said, then, that his defect of speaking was due simply to a difficulty in articulating from paralysis of the muscles of the lips, tongue, etc. I think, however, that the "gabble" was owing to what I would call "ataxy of articulation,"—that there was a difficulty in co-ordinating the muscles of articulation; in other words, that his trouble was not from want of power to move the muscles, but from an inability to move them in that particular muscular harmony which intelligible articulation requires. This defect points to damage of the same general region, although probably not to the same part as loss or defect of language does. Such extreme difficulty in articulation as your patient described to me could not have been produced by the mere local palsy of the face and tongue which occurs with this sort of hemiplegia, nor, indeed, by the labial or facial paralysis of any variety of hemiplegia. Moreover, such difficulty in articulating occurs very frequently with hemiplegia on the right side of the body and very rarely with hemiplegia on the left. I dwell on these points not only to enable me to discuss more precisely the probable locality of the disease in your patient's brain, but also for the opportunity of urging the importance of the study of defects of speech by ophthalmologists and of amaurosis by physicians. I shall return to this point.

Your patient has atrophy of the optic nerves of the sort which follows neuritis, and which disease of the hemisphere often produces. To this sort the term amaurosis, when used without qualification, is restricted in this letter. But I do not think optic neuritis is peculiar to disease of the hemisphere, and certainly not to disease of that part of which I believe to be damaged in this instance. Although, then, this patient's amaurosis is, as I think, secondary to disease of the left hemisphere near the corpus striatum, there is nothing very special in the connection of amaurosis with disease of that particular part of the brain. Just the same sort of amaurosis occurs from disease of other parts widely separated. Indeed, I have found it with disease of almost any part of the cranial contents. I have not yet, however, seen amaurosis associated with disease limited to the motor tract. Amaurosis from disease of the hemisphere is associated with hemiplegia in your patient, simply because the disease of the motor tract extends into the hemisphere. Possibly disease of the motor

tract alone may produce amaurosis. As regards this, I have only to repeat that I have not yet met with such an association. This statement does not go for much, as a great deal more work must be done before we can come to negative conclusions about such a vagabond symptom as amaurosis.

Now, although disease in this region may cause both defect of speech and amaurosis, it does not give rise to the two symptoms in the same way. You will naturally, however, think I am speculating too far on the case of a living patient. I may then refer you for a text to a case I have published in the "Ophthalmic Hospital Reports," p. 435, last volume. I may at all events state certain striking differences in two symptoms which have this agreement, viz., that each is associated with disease of the hemisphere, and that both may occur from disease of the very same part of it.

Defect of speech comes on at once; amaurosis (*i. e.* so far as I know) never does. Perhaps it would be more accurate to say that the changes in the optic disc are gradual, for there is not unfrequently a very sudden increase of defect of sight in cases of amaurosis in cerebral disease.

The defect of speech is caused by injury in one particular region; the amaurosis, as I have said, by disease at very different points within the head.

The defect of speech is caused by loss of function in the part injured; the amaurosis comes on, I think, simply because the disease, more or less old—in your patient remains of a clot—has acted as a foreign body, and has thus excited (generally along with other symptoms) certain changes in the optic nerves, and perhaps in their centers too. Of course the terms "excited" and "acted" are here used by a fashion of speech only, and the more general expression "acted as a foreign body" is used neither to express the whole truth nor to hide ignorance, but as a provisional expression for an unknown quantity.

I have already spoken at some length on this part of the subject in the "Royal London Ophthalmic Hospital Reports," and must therefore say a little on it here. I wish, however, to mention that I feel persuaded that much may be learned as to the state of the hemisphere in epileptiform seizures, delirium, etc., by studying the manner in which a focus of disease in it "excites" changes in the optic nerves. For this reason I will speak further on the study of these two striking physiological symptoms of disease of

the hemisphere. Let me, however, remark at once, that I here speak of them together, because I sometimes find them together in clinical investigation, and not because I have been able to trace any real natural relationship in the two things, speech and sight.

In your patient, as is nearly invariably the case when speech is affected, there is hemiplegia on the right side. In the great majority of the cases I have seen of amaurosis with hemiplegia the left has been the side paralyzed, This remark leads me toward the point to which I wish to digress.

It will, I dare say, seem to you to be an odd assertion, but I am quite confident that optic neuritis is often overlooked. Mark, I do not say that ophthalmologists overlook it. Ophthalmologists however do not run the risk of making such a blunder, as they rarely see patients in whom the defect of sight is kept in the background by more urgent cerebral symptoms. The ophthalmic surgeon sees these patients after they have escaped the danger to life, and when they have little more left than atrophy of a particular nerve tract. I dare say he wonders how it was that the practitioner who attended the patient during the course of the active cerebral disease did not discover that changes were going on in so important a special sense apparatus as the eye before the stage of comparative hopelessness set in. For my part I think it is not possible to avoid frequently overlooking optic neuritis *unless we examine the eyes in every case of cerebral disease as a matter of routine.* I am quite sure that there are often most marked changes to be seen in the discs when there is no evidence to show that sight is impaired. I do not say that sight is good in such cases, but that there is frequently *no ordinary evidence* to show that it is defective. I am now speaking chiefly of cases in which test-types cannot be used, but even ability to read No. 1 of Jager is no certain proof that the changes of optic neuritis are not present to an extent appreciable by the aid of the ophthalmoscope. In many cases of complete loss of speech, when the patient, as generally the case, cannot write, cannot make signs easily, and cannot read, it is simply impossible that we can know whether the optic discs are normal or not unless we have actually looked at them. When the patient's sight is very much affected we can of course recognize that without difficulty; but I have found striking changes, characteristic of recent or past neuritis, in speechless patients several times, although their sight had been

considered good by the nurses, by the students, and by myself. I strongly urge, then, that in cases of loss of speech the eyes should be examined as a matter of routine. Moreover we must not be contented with a few examinations. It requires time for disease in the head to produce optic neuritis. Of course I am not speaking of cases in which the Optic Nervous System is directly involved by the disease. Now it may be that a clot which suddenly causes loss or defect of speech begins to "act" as a foreign body as soon as it is effused; but I think there is yet no evidence to show that a clot in the hemisphere produces any loss of sight at once, through any disorder of the optic nerves at least. I think the time varies most widely, and I know nothing certain of the circumstances which influence its duration.

In another way we must consider the element of time. Not only must we note how long it is after the full establishment of the primary disease, that optic neuritis begins, but also the duration of the whole series of symptoms of which optic neuritis is but one. I think it will be observed that some symptoms are more likely to be present with neuritis when the cerebral symptoms are severe and rapidly over, such as vomiting and severe pain in the head, than when the illness so to speak is "colder" and shorter. The relation of convulsive attacks to optic neuritis, or rather to the series of changes with which it occurs, is a point of much importance in the study of the physiology of epilepsy, and in this question the element of time must be most carefully considered. A foreign body seems to "excite," in some, such rapid, severe, and general symptoms, that we might call the case one of cerebral fever, whilst in others the changes being slower, the general disturbance is less, and the local and more special symptoms stand out in as (what we have got into the habit of calling) single diseases, such as epilepsy, cephalalgia, amaurosis, etc. When optic neuritis occurs, I do not say we are to conclude anything from the way in which the blindness is produced as the manner in which the epileptiform seizures which now and then attend it are produced. I am, for the present, content to urge that we should earnestly try to study optic neuritis in all the relations it has to this and to other very varying symptoms of disease of the nervous system. But the nature of the primary disease must now be briefly considered.

In every case of optic neuritis, but one, in which I have had a post-mortem examination, I have found most marked disease with

in the head. The exceptional case occurred but one week ago. The patient had been under Mr. Hutchinson's care for optic neuritis, and afterward under mine for paralysis, and a few months before death, at my request, Dr. Gull kindly took him into Guy's Hospital. The autopsy was made by Dr. Moxon, and therefore it is not likely that anything was overlooked. Except a very slight adhesion of one hemisphere of the cerebrum, and another of the cerebellum, nothing whatever was seen in the head which could possibly be called abnormal. Changes were found in the spinal cord. The *anterior* [sic] columns were wasted, and the microscope detected changes in them. But it must be observed that the hemispheres were not examined by the microscope, and it is at least possible that there may have been disease in them which we failed without its use to discover. The optic nerves and corpora quadrigemina will be examined when they are hardened, and it is most likely changes will be found in them; but how these changes originated will be to my mind, still very obscure.

There seems to be nothing very peculiar in the nature of the disease which damages the hemisphere and "excites" optic neuritis, except that in my experience, which is of course limited, it has been, with one marked exception, what I would call "coarse," like a tumor, a blood clot or syphilitic "deposit." For this reason I have already spoken of the various sorts of disease under the general term of "foreign body." I have not yet seen amaurosis associated with mere softening nor with recent abscess. I say recent, as I think I have seen amaurosis associated with the remains of an old abscess of the right hemisphere. But abscess of the brain is rare, and I have to confess that I have never examined the eyes in any one case of acute abscess. (So also on question of time). I can only say then, that I have not observed any great defect of sight in a case of abscess of the brain, whilst I admit that I have not looked at the optic discs to see in what state they really were.

To recapitulate briefly, I should say from my own experience (which is very limited) that, so far as the production of optic neuritis by intracranial disease is concerned, the position of the disease *seems* to be of little consequence, and that there is nothing very peculiar in its nature except that it is usually "coarse." That this coarse disease is more often than is supposed a clot from cerebral hemorrhage I have little doubt.

As to how a lump of matter more dead than living "excites"

the change of which neuritis is often a part and death not unfrequently the end, I do not know. I think, as I shall shortly endeavour to show, and as I have already elsewhere suggested, the uproar of these changes is sometimes limited to particular arterial regions of the brain, as I believe it is in certain epileptiform seizures. This speculation can now, however, only be of value if it suggests paths of investigation. Whether I am right or not in seeking analogies betwixt the affection of the retina and optic nerves and the hemispheres in optic neuritis and in epileptiform seizures, there is no question that the two symptoms often go together. The mere fact that they occur together, and sometimes with disease of the one small part of the brain, is enough to compel the ophthalmologist and the physician to study both symptoms carefully. If I were to tell an ophthalmologist that I had under my care a hemiplegic patient with blindness, he would ask for precise account of the nature of the defect of sight, and would think the case wanting in importance if this were not forthcoming. It gives me much pleasure to be able to leave this responsibility to you in the present case. On the other hand, the physician, hearing of a case of hemiplegia with defect of sight, would require to know all about the paralysis, or he would think the case incomplete.

Probably no branch of medical science has been so highly cultivated as that of ophthalmology; but yet I think it would make more progress still if it were more widely and, perhaps, what might even appear to be more loosely, studied. The ophthalmologist would help the study of diseases of the nervous system even more than he has done, if he had the opportunities of observing the wider circumstances under which defects of sight, especially slight defects of sight, occur. This can only, I believe, be done properly in general hospitals or in general practice. It is as a subordinate symptom that amaurosis is to be studied with most advantage at this juncture.

Now I take up one more topic. In your patient's case, as you mentioned, there is defective sensation in the paralyzed limbs, and he complains of a much greater defective sensation in the paralyzed limbs, and he complains of a much greater defect than patients with this form of hemiplegia usually have, at least in my experience. Dr. Todd, however, says,—“In general, sensation is more or less impaired.” My friend Dr. Broadbent has recently made some very important and interesting observations on this

point. It is well then to keep in mind that your patient may have disease of the optic thalamus as well as of the corpus striatum. To add the optic thalamus to the parts I have already mentioned is to make a wide diagnosis. I only follow, however, the facts of disease. A brutal clot will not make physiological experiments. Some months ago I made a post-mortem examination of a patient who had had extreme defect of speech and hemiplegia on the right side for two years. In this instance the clot, or rather the cavity where it had been, involved the left corpus striatum, extended to the convolutions of the island of Reil, and also greatly undermined the thalamus opticus. Since writing last sentence, I have made a post mortem examination on a similar case with nearly the same appearances. Both these patients, however, were much more paralyzed than your patient is, and no wonder, considering how much of their motor tracts had been ploughed up. I have, however, seen a post-mortem on a patient who recently died of apoplexy, and had recovered from these symptoms more than your patient. A year before she had been under Dr. Wilks' care for hemiplegia on the right side and loss of speech; and yet Dr. Moxon found the remains of a clot involving part of the corpus striatum, and extending into the thalamus, and to the convolutions of the insula.

Will you permit me here to quote from a lecture I have recently published on Hemiplegia: —

"The optic thalamus is supposed by some eminent physiologists to be the chief focus of the sensory nerves. 'The sensory tract may be traced upward until it almost entirely through the substance of the thalamus' (Power's ed. of Carpenter's Physiology). The roots of the optic nerves pass into these ganglia, and the olfactory lobes have a connection with them by the fornix. And it has been supposed by some physiologists that the corpus striata stand in the same relation to the thalami optici as the anterior horns of the grey matter do to the posterior horns, the corpus striatum being considered a motor, and the thalamus opticus a sensory center. Medical physiology does not appear harmonize strictly with these conclusions.—'London Hospital reports,' 1864, vol. ii, p. 302."

It may seem that your patient owes his defect of sight to lesion of this focus of sensory nerves,—that one clot has caused the paralysis of motion, the defect of common sensation, and the defect of sight. It must be remembered, however, that the defect of sight came on some time after the paralysis.

Moreover, I have not yet observed a case of disease of the optic thalamus (as proved post-mortem) in which there had been any notable defect of sight. I beg you to observe that I do not say that defect of sight does not occur from disease of the optic thalamus, but simply that I have not yet seen it from disease limited to this part.* But in all the cases I have observed, the fore part of the thalamus has been the part damaged. I have, however, thanks to the kindness of Dr. Webster, and Dr. Buzzard, of Northampton, seen a case of amaurosis, of a large tumor of the optic thalamus, but it was so large that it doubtless interfered with the corpora quadrigemina. "It occupied completely the right lateral ventricle, involving the corpus striatum and thalamus opticus; and slightly encroaching on the left ventricle." This patient also had a defect of taste.

Smell is not unfrequently lost when there is amaurosis, and I cannot urge that enquiries should always be made as to defects of this sense, when sight is affected. In one of the two cases of of smell, in which I have had an autopsy, the disease has been of the hemisphere, at a distance from the optic thalamus; but I have not yet had a satisfactory case completed by an autopsy.

When smell is lost, the patient generally says that his taste is

*It is not easy for a physician who sees many cases to write short papers satisfactorily on diseases of the nervous system. For instance, since writing to you, I have had a post mortem examination on a patient who had had hemiplegia and anaesthesia on the left side, along with nearly total loss of sight, in which the disease was nearly limited to the thalamus opticus; it was near the middle of this center. This case, however, does not really support the view that disease of the thalamus gives rise to defect of sight. For some months after the paralysis, although the patient's sight was "as good as ever it was," there were changes seen in both retinae characteristic of Bright's disease, and to an increase of these changes was due the nearly total loss of sight which came on a few weeks before death. During life there was albuminuria, and the apex of the heart was to be felt beating outside the nipple line. At the autopsy we found the remains of a clot in the right optic thalamus, very great hypertrophy of the left ventricles of the heart and small granular kidneys. I quote the case partly to show that, if we use the word "amaurosis," without the qualification ophthalmoscopic signs enable us to give to it, we shall find that "our facts" will tell us lies about the formation of particular parts of the brain. The blindness and the disease of the thalamus were related, it is true, but only in a round-about way, each being due to certain slow changes in the patient's tissues. They were not more related to one another than to the diseased arteries; the emphysematous lungs, and the granular kidneys.

defective too. We must then be particular in stating whether our patient can tell the bitterness of quinine or the sweetness of sugar, and when we find that he does not know the flavor of such things as oil of peppermint, or the oil of cinnamon, when placed on his tongue.

And now, having urged the study of defects of smell, because they occur, as amaurosis does, from disease of the hemiplegia of the cerebrum, I am about to urge that defects of hearing should receive at least some consideration for the opposite reason that they rarely, if ever, occur from disease of this part of the nervous system. I submit that, when we begin to think, as I suppose we all do, of the bearing of the facts which the pathology of sight gives us on the relation of the perspective organs to the brain and thence to mind, we must be quite as much struck by the conspicuous absence of defects of hearing as we are by the frequent presence of defects of sight in cases of the cerebral hemispheres.

A physician, of course, cannot help studying defects of each of these senses. I have now under my care a girl who has loss of smell, loss of sight (optic neuritis), so-called defect of taste, deafness, and a certain difficulty in walking. This is not a case of locomotor ataxy, but I have a man under my care for that disease who has an affection of all these special senses, but the ophthalmoscopic appearances are not those of optic neuritis. The girl may have disease of the cerebellum, as chronic disease of this organs I believe, generally gives rise to optic neuritis, and it is reasonable to suppose that it may give rise to deafness, as Lockhart Clarke has shown that part of the auditory nerve passes to the cerebellum. Now, is it not desirable that whoever studies one of the symptoms should study them all?

The most striking instance of partial study of disease is that of locomotor ataxy. In locomotor ataxy there are often three stages: first, we may have paralysis of one of the motor nerves of the eyeball—this stage is seen by the ophthalmic surgeon, next, there are symptoms of disordered muscular action—this stage the hospital physician generally sees; next, and the last stage, which is very often witnessed by the Poor-Law medical officer.

In all cases of amaurosis—certainly in all cases of amaurosis with hemiplegia or epileptiform seizures—we ought to investigate the conditions of the other special senses, with the object of obtaining positive and negative evidence as to the seat of damage, which does or may give rise to defect of one or more of them.

Dr. Broadbent, I believe, explains the comparatively little defect of sensation in some chronic cases of hemiplegia from the optic thalamus, also its gradual restoration after the attack of paralysis, by supposing that the uninjured part around the disease may be still sufficient to conduct, just as, for instance, a bridge of grey matter in the cord will carry sensitive impressions for the whole of the parts below. Perhaps Dr. Broadbent's ingenious and, as I think, very probable hypothesis, may explain too the discrepancy betwixt the physiological views, as to the connection of the special senses with the thalamus, and the clinical facts which do not show that there is any defect, or any notable defect, in their functions by disease of it.

Pray excuse this long story. I have considered the subject widely, and I fear, therefore loosely. I could have written more satisfactorily, were it not that by continually seeing difficult and exceptional cases, I have become more anxious to avoid error than to say anything really new.

Editor's Table.

College Commencements.

MIAAMI MEDICAL COLLEGE—After a pleasant and successful *five months term*, this Institution closed its exercises with the conferring of the Degree of Doctor of Medicine on Friday Evening, March 1st. The Commencement exercises were held at the College building, and were opened with prayer by the Rev. W. S. Studley, after which Bishop McIlvaine, President of the Board of Trustees, conferred the degree; and made a brief and well-timed address. The following is the Graduating Class:

J. F. BOWERS,	New Vienna, O.	Dysentery.
A. B. BARNES,	Edinburg, Mo.	Cynanche Trachealis.
M. C. BARKWELL,	Rockport, Ind.	Post Partum Hemorrhage
E. W. BRUNER,	Utica, Ind.	Scarlitina.
A. P. COURTRIGHT,	Circleville, O.	The Medical Student.
JOEL S. COOPER,	Mt. Meridian, Ind	Hygiene.

J. M. CURTIS,	W. Liberty, W. Va.	The Physician and Pro-
P. B. COOK,	Nakomls, Ills.	Doctus Rusticus.[fession
A. C. DENHAM,	Guilford, Ind.	Spotted Fever.
C. P. DIVAN,	Cincinnati, Ohio,	Stimulants—Neuralgia.
J. T. FOREE,	Bedford, Ky.	Acute Articular Rheuma-
BEN. T. FRANK,	Rising Sun, Ind.	Intermittent Fever.[tism.
T. J. GRIFFITH,	Crawfordsvill' Ind.	Gestation: How determi'd
ALONZO HOLCOMB,	Cincinnati.	Pertussis.
WM. HUKILL,	Wellsburg, W. Va.	The Study of Medicine.
C. M. HINCKLEY,	Mt. Carmel, Ind.	Typhoid Fever.
JACOB V. HOSS,	Castleton, Ind.	Variola,
A. H. HEWITSON,	St. Clairsville, O.	Erysipelas.
W. M. HUDSON,	Ironton, O.	Human Temperaments.
CHAS. P. JUDKINS,	Cincinnati, O.	Dropsy.
M. H. JORDAN,	Elyton, Ala.	Pneumonia.
J. A. KIRKPATRICK,	Cincinnati, O.	Cholera. [ter.
JOHN KINDLE,	Thornville, O.	Influence of Mind on Mat-
R. S. KNODE,	Hagerstown, Ind.	The Study of Medicine.
C. W. KIRK,	Darlington, Ind.	Natural Labor.
P. A. MARKS,	Cincinnati,	Mercury and its Uses.
L. J. MARTIN,	Port Royal, Ky.	Erysipelas.
JOHN PIRNAT,	Cincinnati,	The Laryngoscope.
W. K. PERRINE,	Monroe, O.	Atmospheric Electricity
WM. PROVINCE,	Waverley, Ind.	Typhoid Fever.
CHAS. PARKE,	Millersburg, Ind.	Icterus.
W. Y. ROOTS,	Piqua, Ohio,	Billious Colic.
T. S. RIGGS,	Columbia, Mo.	Anæmia.
J. W. SPEER,	Brownsboro,' Ky.	Dysentery.
WM. SHERWOOD,	Cincinnati,	Tuberculous Cachexia.
D. C. RATHBURN, JR.	Middleport, O.	Fibrin.
J. O. WARD,	Miami, Ind.	Acute Pneumonitis.
W. N. YOST,	Jacksontown, O.	The Mind and Body.
O. B. YAGER,	Sligo, Ky	Acute Pleuritis. Total 39.

The *Ad Eundem* degree was also conferred on the following gentlemen :

JOSEPH STEINRIDE, M. D., Medical College of Ohio, 1859-60, Benton, Mississippi.

S. P. BONNER, M. D., Medical College of Ohio, 1857-58, Cincinnati.

JACOB M. BOSART, M. D., Medical College of Ohio, 1857-58, Sumner, Ills.

PROF. W. H. MUSSEY pronounced the Valedictory on behalf the Faculty, and was pertinently and eloquently responded to by Dr. J. M. CURTIS, of West Liberty, West Virginia, on behalf of the Class. The exercises of the evening closed with an elegant entertainment at the residence of Prof. Taylor, where a large number of medical gentlemen united to greet the young graduates.

OHIO MEDICAL COLLEGE—This Institution closed its Course with commencement exercises on Friday morning, the 1st inst. Flamen Ball, Esq., on behalf of the Board of Trustees, conferred the Degrees, and Prof. M. B. WRIGHT delivered the Valedictory. The following is the list of Graduates:

Richard S. Applegate; William H. Berry; Ira W. Baldwin; Thomas J. Bowls; Frank Brunning; Wm. B. Blanton; Jas. A. Comstock; Robert G. Coleman; Francis Dowling; Geo. W. Dudding; Elijah S. Elder; Francis L. Eaton; David E. Fay; Chas. P. Gerstmeier; Chas. H. Hubbard; Thos. G. Herron; B. Frank Hamilton; Thos. H. Hall; Jas. Henry Hazard; Herschel D. Hinckley; Jacob F. Hoover; Samuel Hunter; John P. Logan; David W. Lamme; Oscar L. Mahoney; David H. Miller; Chas. B. Miller; Thos. C. Minor; Martin Van Buren Newcomer; Arthur A. Parker; Thos. Patton; John W. Pugh; Lewis A. Querner; John H. S. Reiley; Grant J. Ross; Sylvan B. Robbins; Edgar L. Shackleton; John T. Scearce; Chas. Scudder; Wm. H. Stewart; Johnson M. Tucker; Jas. W. Utter; Thos. C. Vannuys; John E. West; William H. Wallace; Boswell Ward; Jas. T. Whittaker. Total 47.

CHARITY HOSPITAL MEDICAL COLLEGE, of Cleveland, held its Commencement on Thursday Evening, February 28th, with a graduating class of twenty-five. We understand the class matriculated about eighty students.

BELLEVUE HOSPITAL MEDICAL COLLEGE—Held its Commencement on Monday evening, February 28th. There were 148 graduates. The address to the Graduating Class was delivered by John G. Saxe, LL. D.

THE UNIVERSITY (N. Y.) MEDICAL COLLEGE—Held its Commencement on Friday evening, March 1st, with a graduating class of seventy-five.

Butler Hospital for the Insane,

More than a year ago Dr. Ray, of the Asylum at Providence, R. I., gave notice that on account of failing health he must resign his position, so long and so ably filled of superintendent. At the request of the management he was induced to continue his service until January 1st, 1867. In the mean time Dr. John W. Sawyer, of Wisconsin State Asylum was selected to succeed Dr. Ray and now enters upon his duties. The last number of the *American Journal of Insanity* contains a fine tribute to Dr. Ray from the Trustees of Butler Hospital.

Spring and Summer Medical Instruction.

There is coming to be very generally recognized the importance of a more extended plan of medical instruction. Reading of the text books, office observation, and examinations by the preceptor, Didactic Lectures and Demonstrations, clinical experience, private and hospital, constitute the various elements of a course of medical study—all are important and each has its place; at present however it seems that didactic instruction and demonstrations in our Colleges constitutes the chief mode of fixing the elements of a medical education, and establishing a firm foundation for the professional superstructure. Hence while the best colleges of the country are extending the length of term, and increasing the number of Chairs, it is found important as auxilliary to establish a regular system of summer instruction, which shall be rather supplemental to the regular term than a mere repetition of it. As already announced, the Faculty of the Miami Medical College commence such a course on Monday, the 18th March. inst. They have also arranged with a number of gentlemen to give lectures on topics pertaining to the regular course. Students who remain in the city during the summer will thus have a fine opportunity for improvement. The course at the College will embrace a review of the elementary course, together with Instructions in Physical Diagnosis; the Chemistry of the Urine; Anatomy and Diseases of the Ear; Minor Surgery; Poisons, etc. Besides students will have abundant opportunity for the study of Practical Anatomy, Hospital Observations and Clinics at the College Dispensary.

We learn with pleasure that the Medical College of Ohio is inaugurating a similar course, to begin at the same time.

The Academy of Medicine.

The Academy of Medicine, at their meeting on Monday evening, March 4th inst., elected the following officers for the ensuing year: Dr. John L. Vattier, President; Dr. John Davis, 1st Vice President; Dr. W. H. McReynolds, 2d Vice President; Dr. G. S. Courtright, Secretary; Dr. W. T. Brown, Corresponding Secretary; Dr. J. S. Unzicker, Treasurer; Dr. W. B. Davis, Librarian.

Upon retiring from the chair, Dr. Carroll made a few appropriate valedictory remarks, reviewing the history of the Academy, and illustrating his hopes of its useful future by appropriate historical allusions. Dr. Vattier assumed his duties with a pertinent and suggestive address. After the induction of the officers, much of the remainder of the evening was occupied by Drs Unzicker, McIlvaine, and others, in urging the importance of taking steps to secure permanent property for a Hall and suitable accommodations. We cannot too strongly commend this enterprise. We want a medical center where all parties may meet as merchants do on 'change to compare notes; read Journals, and discuss medicine in all its relations. We hope the project will not be lost sight of.

Introductory Address of Prof. Comegy's.

We are under obligations to the author for a copy of his Address Introductory to the Course of Lectures at the Medical College of Ohio, at the opening of the session just closed. It consists of an address to the public on the claims of the profession, and to the class on its toils and rewards. The address makes one plea, that perhaps ought to have a wider and more earnest attention; a plea for such legislation as would bring all individuals desiring to practice medicine in any of our Commonwealths to some common standard; at least to the test of a reasonable knowledge of the elementary branches of a medical education. This would be only reasonable; we also believe it would be highly salutary. We understand a Bill looking to this end was introduced in the Ohio Legislature last winter, originating with Sur. Gen. McDermott, but it seems to have died a premature death.

Dr. Patterson.

Dr. R. J. PATTERSON, formerly of Ohio, but more recently of the Iowa State Lunatic Asylum, has been appointed Professor of Medical Jurisprudence in Chicago Medical College.

Appointments to the Commercial Hospital.

The following gentlemen have been appointed resident physicians to the Commercial Hospital of this City for the ensuing year, and have entered upon their duties: Drs. Chas. P. Judkins; W. K. Perrine; A. P. Courtright; Jas. T. Whittaker, and — Guthrie. These appointments were made after a most searching examination by the staff—both oral and written—and while it affords us great pleasure to know that the selection of the above gentlemen, under the circumstances, is a high compliment to their thorough drilling, it is at the same time no reflection upon those who failed, in as much as only five vacancies are to be filled.

We are also gratified to observe the increasing anxiety on the appointments. The service is the best introduction to earn part of competent, ambitious graduates to compete for these duties of the profession a young physician can have; and the strife is likely to afford to our Hospitals residents of a high order of excellence.

JOHN F. WHITE, M. D., has been appointed by the Board of Trustees to fill the place of Prof. James Graham on the Medical Staff; and CHAS. P. WILSON, M. D., has been appointed on the Surgical Staff in place of Dr. Thomas Wood. These appointments are most judicious and fit selections.

Dr. Morse—Delirium Tremens.

We complete in the present number the carefully prepared article on Delirium Tremens begun last month. In the part published in February we are vexed to notice several *errata*. Page 66, 10th line from the bottom, for "diminished exhaustion" read diminished "exhalation." Page 69, 12th line from bottom, for "tumors" read "tremors." Page 72, 11th line from bottom, for "irritation" read "inanition." We are pleased to state that other articles will be forthcoming from Dr. Morse.

Death of Amos G. Weston.

AMOS G. WESTON, M. D., recently of Yellow Springs, Ohio, died at Fair Haven, Minn., on the 16th of February ultimo.

Dr. Weston graduated at the Cincinnati College of Medicine and Surgery in the Spring of 1864. He was a young man of sterling qualities, and had his life been spared he would doubtless have become an ornament to the profession of his choice. He died of phthisis pulmonalis.

Business Notices and Acknowledgements.

New Books.

Chambers—Renewal of Life. Lindsey & Blakiston, Publishers.

Headland—Action of Medicine. Lindsey & Blakiston, Publishers.

Chambers—Indigestion. Henry C. Lea, Publisher.

Aitken—Science and Practice of Medicine, two vols. Lindsey & Blakiston, Publishers.

Garrett—Medical Batteries. Lindsey & Blakiston, Publishers.

Acton—Reproductive Organs. Lindsey & Blakiston, Publishers.

Lee—Curvatures of the Spine. J. B. Lipincott & Co., Publishers.

Ashhurst—Injuries of the Spine. J. B. Lipincott & Co. Publishers.

Maylor—Abridgement of Watson's Practice. Lindsey & Blakiston, Publishers, for the Author.

Day—Metho Mania. Boston, James Campbell, Publisher.

Linnean Wine.

Recently a new American product has presented itself, claiming the attention of the profession and the public, in the form of a wine prepared from the rhubarb plant. We have heretofore called attention to this wine as having in taste a close resemblance to a fair article of sherry. Sometime since we had some wine submitted to our judgement, made near Greenfield, Highland Co., which to the palate was very agreeable. Quite recently we have had specimens sent to us from Mr. J. F. BLACK, of New Carlisle, Ohio, which has the same characteristics with other specimens which have been tested. Mr. Black's wine has been used by physicians of his vicinity to considerable extent for medical purposes, and they report entire satisfaction with it. We wish medical gentlemen generally through the country would give this new wine a fair trial in suitable cases, and let us come to some understood opinion in regard to its real merits. We learn that Mr. Black is making arrangements for permanent depots for the sale of his wine in this city.

Removal.

ROBERT CLARKE & Co., the well-known booksellers and publishers of this city, have removed from their old stand to new and commodious rooms at No. 63 Fourth Street.

Literary Exchanges

An accident last month unawares destroyed "Notices and Acknowledgements" of various sorts, these with others.

Oliver Optic's Magazine continues its weekly visits with great acceptability, fully sustaining its promise. Lee & Shepard, Boston. Price 5cts, weekly.

Ticknor & Fields' series are regularly on our table. Atlantic, Young Folks and Every Saturday, too well known to require any compliments. Atlantic and Lancet & Observer for \$6 00.

Gody's Lady Book is also one of the fixtures of the country, so far as ladies' magazine reading is concerned, indeed of kind it stands without a rival. Price \$3 00, or \$5 50 for it with Lancet & Observer.

Ladies' Repository, published by the Methodist Book Concern of this city. Every Methodist Minister is agent. It is of the highest order of safe and high-toned literature.

Harper's Monthly Magazine is another grand American success. every body reads it, and all wonder how so much and so excellent can be afforded for the money.

London Lancet. This old reprint comes to us in improved paper and press work, for which we are indebted to the enterprise of the new proprietor, Mr. W. C. Herald. We advise all our readers to take it. Price \$5 00 a year, or \$7 00 for it and Lancet & Observer. We hope our friends who wish to avail themselves of this club arrangement will remit at once.

Notices and Reviews.—A large number of new books, together with important reports of asylums and state officers, have accumulated on our table, but notices are unavoidably crowded out.

WANTED.—Of the Western Lancet Nos. 5 and 8, of the year 1846.

Location for Sale. See Advertisements.

THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

APRIL, 1867.

No. 4.

Original Communications.

ART. I.—*The Physiological Aspects of Mormonism, and the Climatology, and Diseases of Utah and New Mexico.* A Discourse delivered by request before the Academy of Medicine, and Published by order of that body. By ROBERTZ BARTHOLOW, M. D., formerly Assistant Surgeon (Captain) U. S. Army.

MR. PRESIDENT AND GENTLEMEN OF THE ACADEMY:—

It was my good—or ill—fortune to be one of the expeditionary corps, dispatched in the summer of 1857 to Utah. The “Latter Day Saints” were in rebellion. Brigham Young called his followers to arms; and Lieut. General Wells fortified Echo Canon—a narrow defile in the Wahsatch Mountains through which we must pass to enter the valley of the Great Salt Lake. These warlike movements were necessary to give an appearance of reality to the insurrection. With the same view, Brigham influenced his followers to abandon their homes and move to the southward, when in the early summer, the snow no longer prevented our entrance into the valley. Then came the Peace Commissioners—Senator Powell and Ben McCullough—to arrange a truce and to recall the saints to their homes. The farce ended, when in recompense for a winter of sore privations at Bridger’s Fort, we had the doubtful satisfaction of marching through the deserted city of the Great Salt Lake.

The wide streets were silent; the windows were barred; no curious eyes looked out from the empty houses; our triumph, if

it may be called such, was shared by a few Gentiles—followers of the army and refugees from Mormon rule—who passed into the city a few hours in advance of our coming.

It was near sunset, when the last command, to which I was attached, passed through. The white tents of a greater part of the army already dotted the plain "on the other side of Jordan." A portion of the city lay in the shadow of the mountain. Conspicuous in the setting sun, stood the stately mansion of Brigham; the tithing house, and the massive granite foundations of the temple; in the distance, the lake, glowing as molten silver. Certainly, a more striking scene was rarely gazed upon. It was the more striking by reason of the contrast with the barren plains and mountains through which we had wandered for nearly a year.

The leading Mormons, Brigham Young, Heber C Kimball, and Lieut. General Wells, returned to the city with their harems in a few days after our arrival, leaving the great Mormon herd to make its way back after its own fashion. For many days a vast dust cloud along the valley of the Jordan, marked their progress. On foot, on horseback, in wagons, with cattle and horses and all the movable paraphernalia of their farms, the Mormon host journeyed northward. On our way to the post of Camp Floyd, we passed through the whole concourse. This gave us such an opportunity as could not occur again of seeing the material of which the Mormon nation is constituted.

Their appearance and opinions were so at variance with the rest of mankind, that the first impression made on our minds was, that the Mormon people is a congress of lunatics. A closer study resolves them into three principal classes: shrewd, designing leaders and office holders—the Mormon hierarchy—who profit by the imposture; deluded rank and file, English, Welsh, Swedish, Danish and Norwegian poor, chiefly, of that class of ignorant religionists who are looking in every age for startling revelations; and the third class, small but dangerous, of tolerably educated religious monomaniacs. The latter are useful instruments in the hands of the first. The American element is, of course, the influential and governing element, and the evil accomplished, is, almost wholly, the work of their hands. The most thoroughly bestial savage I have ever seen, was a white captive amongst the Arapahoes. The most depraved of the Mormons are Americans of Puritan origin.

As polygamy is the most important article in the Mormon faith, we looked with most interest to the female portion of the population, to obtain an insight, if possible, into their feelings with regard to the "peculiar institution." In the first place it is to be observed that there are no handsome women in Utah. The gallery of Artemus Ward is, probably, the work of imagination. That amiable humorist's idea of beauty may, however, have been modified by the standard of the Sioux and Blackfeet Indians with whom he had mingled in his overland journey. I was informed by merchants, long residents of Salt Lake City, who had unusual opportunities for learning the facts, that the American females, amongst the Mormons, are, chiefly, prostitutes from our Eastern cities. The favorite wife of Brigham Young, Jr., is a well-known courtesan from the city of St. Louis. The great body of Mormon women are rough field laborers, who have nothing refined or womanly about them. There are, of course, exceptional instances in the case of the daughters of more wealthy saints grown up since 1846, who have been more tenderly nurtured, and have acquired at least some of the external graces. It is not possible for the women of Utah to attain to a better position. All of their associations are of the lowest. Education is discouraged, ridiculed and denounced by the Prophets. The women lead a purely animal life. In the household of their lords, when not engaged in menial offices in the shops or fields, they occupy themselves with dreadful contentions.

The household of a Mormon saint is not that peaceful, patriarchal institution which has been so frequently described. Between the favorite wife or wives and the offcast wives there is war to the knife. Serious difficulties have again and again occurred in the harem of Brigham, which required all the authority of the Prophet to arrest. When the household of the Prophet is dressed up and on its good behavior, for the reception of strangers across the mountains, these horrid creases are smoothed out and everything colored of the rose.

"Valley Tan" is a Mormon Institution second only in importance to the "peculiar institution." By this curious title they designate a species of whisky distilled from wheat—a potent liquor which rapidly grows in the favor of those who drink it. Mormon ladies—it must be said—are fond of Valley Tan. On a certain occasion Brigham's wives got access to that capacious cellar in which was stored many barrels (confiscated) of the pre-

cious liquor. How they made day and night hideous in the mansion of the Prophet is yet a tradition of Salt Lake City.

Under any circumstances, a saint's bed is not a bed of roses. They have, however, a ready and effectual method of maintaining the marital authority. A quiet plunge at night, of the offending one, in the solemn waters of the Jordan settles the account forever. Knowing of some well authenticated instances of this Turkish practice, we had some scruples in drinking the Jordan water when encamped on that classic stream. The question was often seriously addressed me, whether there was not an odor of animal putrescence about the suspicious fluid.

But even the favorite wives may become quarrelsome, and worry the divided heart of the most saintly Mormon. To obviate this trouble, some of those who have less control than Brigham in their households, separate their wives. That pious representative of Utah in the Congress of the United States—Bernhisel—had fifteen or twenty little tenement houses, containing one room each, arranged in a quadrangle on his lot in Salt Lake City. Many of the poorer saints can not provide these costly appliances, and must be content to endure the torment of having all their wives in one room. In this humble way, the wives of a large majority are kept. This close association tends powerfully to degrade the Mormon women; but the dreadful effect of it is further promoted by most unnatural alliances. Mother and daughters are not unfrequently sealed to the same man, and even most intimate blood relationships constitute no impediments. The women are further depraved by the public teachings in the temple. The function of reproduction and the derangements due to sexual excesses, confined amongst civilized people to medical books, are in Utah the subjects of religious discourse on Sunday in the temple. Heber C. Kimball seems to be the Prophet of this department of Mormon theology.

The physiological consequences of Mormonism are interesting to the patriot and to the moralist. What effect has polygamy upon the increase of population? This is a serious question in view of the vast proportions to which Mormonism has attained. An answer to it is patent on the very surface of Mormon society. According to the most reliable estimate, Brigham Young's forty-five wives have borne him not more than twenty-five children. Of course these women in a monogamous society, placed in as favorable hygienic conditions, would have added a much larger number

to the population of the world. Further, the number of female children is greatly in excess of the male, which is an evidence of regression in the constitutional vigor of the population. The idiotic and the congenitally deformed are painfully numerous. These causes of decay, if not interfered with, would extinguish in a few centuries the Mormon society. Unfortunately, the strength and vigor of the population is maintained by constant infusions of new blood.

A Mormon type is being already developed out of the heterogeneous elements. If the future of Mormonism were left to the offspring of polygamy, it would, indeed, be short lived. Lean and weak of body, depraved of mind, precocious manhood and womanhood are the characteristics of the new population—the results of polygamy. The Mormons themselves are not without apprehensions on this subject, but they attribute the results to other causes. Thus in a discourse in the temple, reported in the *Deseret News*—the Mormon organ—Heber C. Kimball called attention to the growing sexual weakness and debility of the young men of the territory. Singularly enough he attributed this to a vicious style of dressing, to the wearing of tight pantaloons, and ignored the influence of early sexual excitement and indulgence upon the sexual power of the new Mormon race.

When influential visitors arrive in Utah, Brigham Young and the other dignitaries of the church, put forward the most favorable side of Mormonism. Brigham's own household; the elegant appointments of his harem; the social circle, and the theater, are all put in requisition to make the most favorable impression. Salt Lake City is itself calculated to make a profound impression upon the visitor. The wonderful results achieved there by the Mormons under the guiding influence of a single mind, is a strong argument in favor of the system. The beautiful scenery, the wonders of nature, and the delicious climate, powerfully affect the senses and pervert the judgment. These influences combined, have led visitors to adopt favorable views of the Mormon people not at all warranted by the facts of the case. To see Mormonism as it is and to judge of its legitimate fruits, it should be studied in the villages and towns of other parts of the territory, where the restraints of gentile opinions do not repress the natural growth of the system. There may be seen the new Mormon population—the offspring of polygamy. The cadaverous face, the ensual countenance, the ill-developed chest, the long, feeble legs,

and the weak muscular system, are seen on all sides and are recognized as the distinctive feature of the Mormon type. Within the Great Salt Lake basin, resources of nature exist for the support of an immense population. Freed from the baleful influences of polygamy, the Mormon race might attain the highest order of physical development.

The Great Salt Lake basin is a remarkable depression in the midst of the mountains. Salt Lake City has an elevation of about 4,000 feet above the ocean, whilst some of the peaks of the mountain ranges attain an elevation of more than 8,000 feet, and the general level of the country around the depression is over 6,000 feet. This descent from the higher country around to the City of Salt Lake is accomplished in a few miles of travel, and is very abrupt. The perpetual snow line in that latitude is about 8,000 feet; hence on many of the peaks of the Wahsatch and Wind River mountains, the snow is always visible like a white cloud just rising above the horizon. The great difference in elevation makes a very sensible difference in climate. The climate of the valley of the Jordan is several degrees milder than the elevated table-lands around it. The mean annual summer temperature is about 75° F, and the mean winter temperature about 24° F. The annual rain-fall is only about 11 inches. The temperature occasionally falls so low as -5°, and rises so high 90° F, but the absence of all humidity renders these changes less evident to the senses. The difference between the mid-day and midnight temperature is considerable. Blankets are always necessary at night in summer, whilst at mid-day woolen clothing may be uncomfortable. When journeying through Echo Canon, in July, water froze in my tent at night, but at mid-day the sun shone so warmly as to render a cloth uniform coat unsupportable. In general, the effects of atmospheric changes are not great, and although the temperature may fall very low, so dry is the air that one may easily dispense with an overcoat in winter. The summer climate of Salt Lake valley is not unlike that of Italy. The sun shines almost perpetually; the air has a soft haze which does not obscure objects, and mirages occur on every hand. The exceeding dryness favors the production of electrical phenomena. During the day immense land spouts—whirlwinds—are seen flying along the valley, reaching upward to the highest peaks of the Wahsatch Mountains, and at night brilliant auroras illuminate the heavens. The climate seems peculiarly favorable to the restoration of con-

sumptives. No cases of phthisis occur there, and those who go out thither for restoration are not generally disappointed. The improvement is probably due to the elevation; to the dryness of the climate; to the exhilaration of breathing a pure air, and to the mental influences of the scenery and local associations. Catarrh is a very common affection. The highly excited electrical condition of the atmosphere may explain this, Ozone being abundant. The influence of this agent in the production of catarrhal inflammation is perfectly well understood. Erysipelas and acute rheumatism are frequent diseases in Utah. In the whole Rocky Mountain region, in California, Arizona and New Mexico, they prevail to a great extent. This fact is difficult to account for. Rheumatism, especially, is presumed to be a disease whose occurrence is in some way associated with a moist state of the atmosphere, and with cold and moisture combined. But it occurs at Fort Yuma, Arizona, one of the hottest as also one the driest places on the globe. At Fort Union, New Mexico, which lies on the eastern water shed of the Rocky Mountains, at an elevation of 7,000 feet, I saw a great many cases of both forms of disease. They seem in that region to be correlative of each other. Erysipelas is sometimes substituted for rheumatism and rheumatism for erysipelas. The acute rheumatism is also peculiar in its violence, its obstinacy, and the comparative frequency with which the morbid action manifests itself first in the heart. There is another form of disease to which the term "Mountain fever" is applied, and which prevails largely in the Rocky Mountains and in the valley of Salt Lake. Before entering the army, I had, in the course of my reading, happened upon a description of this disease, by a Dr. Ewing, who published an account of it in the *St. Louis Medical Journal*, for March, 1855. Dr. Ewing considered it a disease *sui generis*, produced in some mysterious way by rarified air. I devoted during my stay in Utah considerable attention to the study of the clinical history and morbid anatomy of this disease, and published my observations in the *American Journal of the Medical Sciences*, for April, 1859. The conclusions which I reached have met the approval of other gentlemen who have taken the same trouble to arrive at the truth. Thus, Dr. Logan, of California, has done me the honor in his paper published in the Transactions of the American Medical Association for 1865, to speak in terms of approval of the accuracy of my description, which he quotes at some length. I ascertained that

two forms of disease were confounded under the name of "Mountain fever"—an irregular remittent occurring in those who had suffered with chronic malarial poisoning and typhoid fever. It is not to be supposed that malaria is produced in the Great Salt Lake valley. It is well known, however, that a man may absorb this poison and the peculiar objective phenomena of its action not become manifest until a change in climate or elevation takes place. Those who cross the plains to Utah, sojourn in malarious regions before entering upon the elevated table-lands of the Rocky Mountains, and the effects of the poison begin to be manifest at an elevation of 3,000 feet. The typhoid fever of Utah differs but little in symptomatology, and not at all in its morbid anatomy, from the typhoid fever of other localities. A mixed disease—a typho-malarial or malarial typhoid—is also found. The emigrant or the traveler, suffer from remittent fever; and the acclimated inhabitant from typhoid disease. The Mormon people, at least the poorer classes, live in a way to develop the typh poison. In Salt Lake City, each house has a large lot and stands apart from all other houses; the streets are wide and few houses are higher than two stories, but the houses themselves are often crowded, and the inmates experience the evils of crowd poisoning. In the smaller towns of the other parts of the valley, a different arrangement exists. For the purpose of defense against the Indian tribes, the houses of the villages are collected in a close group, and a high adobe wall, containing loop holes for musketry, is built about them. The cultivated fields lie outside the wall, and the density of population per square mile is in many cases greater than that of Cincinnati or New York. In those closely built and densely populated villages, all the conditions for the development of typhoid fever exist in great abundance. This typhoid form of Mountain fever occurs then under these conditions.

The eruptive fevers, measles, scarlatina and small-pox prevail more or less throughout Salt Lake valley, but in general, epidemics are not common. The healthfulness of the climate, and the manner of life of the Mormons, are not favorable to the production of disease. Physicians do not flourish in Salt Lake City. But two were living there at the time I left the valley, and both were in a state of destitution. The Mormon bishops cure all diseases by the imposition of hands, or themselves administer the remedies; they will not permit the services of a physician, and do not

scruple to denounce the use of carnal means to promote recovery. The faith of the ignorant Mormon people should not surprise us, since we know that many diseases are self-limited, and hence the efforts of the bishops and elders seem in most cases to be successful. The Mormon belief in the efficacy of prayer, is quite as sensible as the blind confidence of many intelligent people in the dicta of Hahueman.. The absence of morhuific causes, and the heathfulness of the climate, render the valley of the Great Salt Lake especially desirable as a residence for invalids. There is probably no part of this country more favorable for consumptive invalids.

When the Pacific Railroad reaches this valley, it must become a great watering place—eventually, probably the greatest watering place on this continent. On the northern side of the city a warm spring issues from the base of the mountain, the water of which is conveyed to a large bathing house. Three miles further north a hot spring issues from the same mountain in a large stream, with a roaring noise due to the escape of steam. The water of this spring forms a lake of considerable size. South of Salt Lake City is Utah Lake, a beautiful body of fresh water about thirty miles in length by two in breadth, lying in the lap of the mountains. The river Jordan flows northward from Lake Utah into Great Salt Lake. The water of this river is fresh at its origin, becomes somewhat saline at Salt Lake City, and is quite salt when it comes to empty into the lake. The lake itself is the chief wonder of this region. It is a large inland sea, having no outlet, of varying depth of from one to ten feet. It is almost a pure solution of common salt. It contains 20 per cent. of chloride of sodium, and but 2 per cent. of other salts. Its density is such that a man may float upon it without difficulty. Bathing in it has all the delightful invigorating properties of sea-bathing. There is, however, no surf. The shores are flat and monotonous, and on the western side, vast saline plains exist, once covered by the water of the lake, which had then a much higher level than at present. There is no accumulation of water or diminished density; the evaporation of the extended surface is quite equal to the continual supplies from the river and streams emptying into it. This brief sketch of the topography, climatology and resources of Great Salt Lake valley, will justify the remark that it is destined to become a favorite resort of tourists and health seekers, and especially a sanitarium for consumptive inva

lids. The time will come when instead of recommending our patients to betake themselves to the sea-shore, we will enjoin them to bathe in the Jordan and Great Salt Lake.

There are various interesting-economic, scientific and political questions connected with this remarkable country and the interesting people who live in it, but I forbear to occupy the time of the Academy in a discussion of them.

The Indian tribes of that region, the Ogallalah Sioux and the Utes, although remote from the frontier line of our civilization, already feel the pressure of the advancing tide. These tribes do not possess the vigor of body and the longevity which one would expect in the inhabitants of a mountain region. They are in general by no means equal in strength to the white man. They grow old early. Several diseases have committed great ravages amongst them since the great overland emigration commenced in 1846. Small-pox and syphilis have been introduced amongst them. The first named has been very destructive, hence they have a great terror of it. As soon as a case occurs it is abandoned to its fate; placed in a little arbor of bushes without food or water. The medicine men employ the steam bath as the principal remedy in diseases. Every Indian encampment has its hospital so to speak—its little houses of brushwood—where the sick are placed. A large round stone heated is placed in the center and water is thrown on it to generate the steam. This remedy is employed in the acute diseases—pneumonia chiefly—from which the Indians greatly suffer.

Syphilis has carried off thousands, and its ravages of course increase rather than diminish. Beside these diseases, Indian women suffer a great deal from uterine diseases, and sometimes from the accidents of child-birth. In general their labors are easy. When a squaw feels that her delivery is at hand, she prepares a bed in the bushes apart from the lodges, and goes through the pains of maternity alone. She divides the cord and removes the placenta herself, and when the process is completed, returns with the infant. When a mal-position or presentation exists, she of course perishes miserably.

Indians have a profound regard for medicine and medicine men. The term medicine is applied to any new, strange or fortunate thing; to charms and incantations as well as to the drugs and remedies of the physician. Whether sick or well they take medicine with a satisfaction and gusto as original as it is entertaining.

Besides the plague spot of Mormonism, the Rocky Mountain region contains another exeresence upon our body politic—the mixed races of New Mexico. This mongrel population derives its origin from the Spanish conquerers of the New World, but they possess nothing in common with their bold and warlike progenitors but language. The Spanish language is spoken with great purity by these people.

The mixture of Spanish with native blood has proved sufficiently prolific, but the race is not physically vigorous, and morally is distinguished for indolence, cowardice and a lack of public and private virtue. The system of peonage or apprenticeship, by which the proprietors of the soil hold in abject slavery the people who live upon it, has served still further to debase the lower orders. Licentiousness is universal. Female virtue is almost unknown. The promiscuous intercourse indulged in by the women has served to spread venereal disease over the whole country. These causes combined have lowered the standard of physical health, and produced an amount of disease and deformity most painful to witness. At the beginning of the war I examined several regiments of New Mexican volunteers to be mustered into the service of the United States, and found that there were really not more than 10 per cent. fit for the service. The commanding officer, seeing I was disposed to reject so many, closed the ceremony, and mustered them all in, regardless of my opinions. The fruits of this system were seen at the morning sick call, when a great number of the men in those regiments presented themselves for treatment for venereal diseases, or for exemption from duty in consequence of various physical defects. The lack of courage was observed at the first fight in which they were engaged; they threw down their arms, fled the field and dispersed to their homes.

Beside the general prevalence of syphilis and its cogenious erysipelas, rheumatism and catarrh are the principal diseases of New Mexico. The climate is as dry, and considerably warmer, than that of Utah. The same exemption from phthisis is to be observed, as also rapid amelioration in the case of those who have gone thither afflicted with that disease. I happened to meet several gentlemen of culture and refinement who had taken up permanent residence there in consequence of the striking improvement experienced.

The elevation and consequent rarification of the air, the dryness of the climate, the favorable hygienic conditions, out-door exer-

cise being possible every day in the year, are the secrets of this improvement.

When we came to establish ourselves at an elevation of 7000 feet above the sea level, we soon perceived the difficulty of breathing consequent upon inhaling the rarified air, or that to walk briskly or run was absolutely painful. We observed also that our horses got quickly out of breath and could not endure to be galloped as they had been on our buffalo hunts in the valley of the Platte. This difficulty was subsequently overcome by an evident increase in the expansive mobility of the chest, and in its cubical capacity, due undoubtedly to long breathing of a rarified atmosphere.

A word now in reference to a singular race of men rapidly becoming extinct in the Rocky Mountain region—and I am done. I refer to the mountain men. Those of you who have followed the explorations of this interesting region will remember the names of Kit Carson, James Bridger and Jack Robinson, Tim Goodal and other famous trappers and mighty hunters. Fremont made his reputation upon the knowledge, daring and enterprise of Kit Carson, his guide. The real path-finder was Kit Carson who, with his squaws and cattle, had journeyed over all that region before Fremont came into it. James Bridger lived at Bridger's fort and traded with the Sioux, the Utahs, Arapahoes and other tribes, and visited Salt Lake, and crossed the mountains to lower California twenty years before Fremont appeared in that region.

These mountain men having fallen out with the restraints of civilization, took up their abode with the Indians and adopted all their habits, even to the practice of concubinage. They lead a lazy and indolent life during the winter, but in summer they are actively engaged in hunting and preparing supplies for the winter. Bridger and Carson have accumulated property, and have pretty nearly forsaken their nomadic habits. Bridger has settled his favorite wife on a farm in Missouri, and Carson has established himself on a ranch not far from Fort Union, New Mexico. The last time I saw Kit he was playing Lieutenant Colonel of a Mexican regiment. Seated in the officers' room of the Sutler's store at Fort Union, he was narrating some experience of his frontier life. He told us of the Mexicans rising against the American settlers in New Mexico, at the out-break of the Mexican war, and of the bloody massacre. His voice fell and his eyes softened as he came to recount the death of old Bent. Bent was living at

Bent's Fort, on the upper Arkansas, with his Mexican wife and children when the massacre commenced. A body of Mexicans came to take his life. His stockade fort was pretty strong, and he thought to sell his life dearly. But remembering that the Mexicans came only to kill him, and that in the melee, if he resisted, his wife and children would probably be sacrificed, he resolved to meet his fate alone. So putting aside his gun and taking off his hat, the gray-haired old hero went out and was killed. Kit wiped his moistened eyelids as he concluded in a hoarse whisper. "Old Bent was a braver man than ever I dared be!"

ART. II.—*The Cause and Nature of Diphtheria: An Essay read before the Union Medical Society of the Counties of Portage, Mahoning, Columbiana, Stark and Carroll, at the regular Meeting, February 21st, 1867. By D. A. MORSE, M. D., Alliance, Ohio.*

GENTLEMEN:—I propose to consider briefly to-day "The Nature and Cause of Diphtheria." To attempt to consider the *history* of the disease—its *symptoms* or its *treatment*—would require more time than the present occasion affords.

It is proper to remark that the disease dates its origin far back in the earlier ages of mankind; but to us it is of little importance whether the children of the Patriarchs suffered from Diphtheria, or whether the disease found its first existence in later ages, and was nurtured in the cradle of civilization and refinement. True, that the *past* enables us to judge of the *future*; but from the past history of Diphtheria we learn little, except that it has furnished to many a cause for exit from this world. It is only of a very recent period that writers have attempted to discuss, with much energy, the character of the disease. When, by its great activity, it threatened to lay waste the whole earth, then men exerted themselves to penetrate the darkness that enveloped it, and much was written of value, much that was valueless. Among the writers of merit was Ernest Hart, Surgeon to the West London Hospital. In introducing the subject he made use of the following language, which is expressive of the interest then felt:

"The phenomena which attended the introduction of Diphtheria into this country have been such as to arrest the attention of all who are interested in the science and art of medicine, and of all who are concerned for the health of the community. The sudden developement of a strange type of disease; the propagation of another organic poison, as active, as mysterious, and as deadly as that of cholera or typhus; the introduction into our ill drained villages and crowded towns of a virulent epidemic, which is at once distressing in its symptoms, rapid in its progress, intractable under careful therapeutical management, communicable by infection and contagion, easily located, and acting with severity in confined centers of population, giving brief and doubtful notice of its advent, but leaving terrible traces of its passage. These are the circumstances that have marked the history of this epidemic in England, as they have characterized similar visitations elsewhere, and have given to its study the highest scientific and humanitarian interest." America reechoed this expression, and from the Atlantic to the Pacific went up one universal cry for a more extensive knowledge. The thirst seemed unquenchable.

Periodicals teemed with the experience, with essays and monographs from those who had met the monster, while Quacks fattened upon the care of thousands, the victims of *imaginary* disease, and a still more remorseless sweating and puking; but notwithstanding all this, to day the same cloud hangs around its origin, its nature, cause, pathology and treatment as when its advent was announced with reports so terrible and astounding.

In presenting the subject I shall review only what has already been presented, and by a new connection of established truths prove what is rather *not* the cause of Diphtheria than to unveil the mystery that surrounds it, and demonstrate to a certainty its true cause. The *true cause* is undoubtedly a zymotic blood poison, which when introduced, its action is characterized by depression, depravity of the fluids, local manifestations, peculiar, and from which the disease has derived its name. That the disease is dependent upon a specific cause is evident from the fact that it has traversed the earth in all directions, that when introduced the result has, in a greater or less degree, been the same. A specific cause of disease always begets the same disease, and this is manifested in the disease in question, for of whatever form it may have assumed the same features of asthenia, of blood destruction, the same pathological appearances, by this I mean that wherever the dis-

case has manifested local disturbance whether within the throat, the body or extremities, the same constitutional changes were effected and the chief features of blood destruction and asthenia were shown. The action of a blood poison follows the laws of chemical action whether the agent be tangible or beyond the knowledge of our senses.

The suffering frame reveals as truly the nature of the invisible agent as the presence of a well-known agent excites phenomena that characterize its action. In arranging our materia medica we separate into classes the various agents according to the action manifested, but when an agent is introduced that generates disease we apply new laws and classify the phenomena according to the fancy of the observer. If he be visionary and given to speculation the truth is often lost sight of and phenomena are applied to suit more what is *desired* than what the case suggests. In Diphtheria we have no knowledge of the agent producing the disease further than as results teach us that some powerful and efficient cause must be operating or so strange results could not follow. But men fit their observations to their theories as the Tyrant did the poor traveler to his iron bed, if too long he was lopped off, if too short he was stretched. They follow a certain course of observation and whatever may arise that does not accord with their theory must give way to more desirable objects.

The general action of blood poison is lost sight of and slight and accidental apparent causes are magnified until they assume all the gigantic proportions the true cause reveals. The action of a blood poison I discussed, in August, in an essay upon cholera. These principles apply to Diphtheria with never failing certainty. The lymphatics swell, inflame, red blood corpuscles disappear, epithelial tissues cease to perform their office, absorption and assimilation are at their minimum of power. Fibrin disappears from the blood, it is no longer plastic, does not coagulate readily, exhibits a tendency to throw off some element, and at length destruction and total loss of vital action result. The action of a blood poison is directed principally to the nervous tissues supplying the blood making organs, and these tissues suffering are chiefly the epithelial. The importance of these tissues to the process of secretion, absorption and elimination will not be disputed. When their function is arrested the secretion of all fluids necessary to digestion is stopped. In cholera the greatest destruction of epithelial tissue is shown, every organ exhibiting signs

struction. Where causes operate to diminish vital action, where organic decomposition is going on, where crowd poisoning exists, where filth, moisture and other debilitating influences exist, there the true character of the blood disease is shown, and there the grim monster throttles his victim with an unyielding grasp and nothing remains save the bodies of his victims, to serve as a monument to perpetuate the memory of the power of the conqueror.

The cause of this terrible disease cannot be attributed to local disturbance. This is disproved by the fact that all of the constitutional symptoms may be developed before local are exhibited and death, in malignant cases, may follow so swiftly the first manifestations of disease that no local symptoms are developed. The cause cannot be found in any variety of climate, change of temperature, excess of moisture or any appreciable meteorological influence. The introduction of the specific poison only is equal to the production of so grave results.

The principal agent which I desire to consider to-day as being the specific cause of Diphtheria is that of fungi. An effort has been made by numerous observers to establish as cause a parasitic growth, which Laycock first demonstrated the presence of and which bears the name *odidium albicans*. Subsequently other observers have reported the presence of the same cryptogamic growth. Greenhow says of this: "Low forms of cryptogamic plants are occasionally found on the exudation, which gave rise to the belief that the disease is of parasitic origin. This is disproved by the fact that the parasite is not invariably in Diphtheria, on the other hand is frequently found on diseased mucous membranes not of a diphtheritic nature."

The character of the membrane, as shown by our most reliable and conscientious microscopists, is in general different from that of the exudation of a highly plastic organization, the result of acute sthenic inflammation. The majority of observers state that it consists of simply epithelium, mucous and mucous cells, and has the appearance of coagulated albumen. A large number report a distinct fibrinous production, but not possessed of a high grade of vitality. Dr. Harley states that of twelve cases examined he detected no appearance of fibrillation. In *one* only of the twelve cases were fungi present. In this case they were not developed until fifty-six hours after the membrane was removed from the body. In a case occurring at the University College

Hospital, London, several yellowish masses were found which some microscopists pronounced fungi. A more thorough investigation proved them to be crystals of fatty acids. These crystals form in the secretions from a gangrenous ulcer and are very beautiful. In the case of a man at Columbiana, Ohio, who had expectorated pus for several years, but who had no disease of the lungs, very fine crystals were formed in the sputa. This man enjoys good health. These may be obtained wherever the fat of the body is decomposing. The presence of these crystals indicate that there is decomposition going on and will confirm also the views taken of the relation of the fungi to the disease.

Exudations may consist wholly of fibrin, or may be corpuscular, mixed, in which case either may predominate. The corpuscular does not coagulate, and an instance is found in herpes, etc. From its character, whether corpuscular or fibrinous, we determine whether it is capable of being organized. The greater the excess of corpuscular the easier degeneration presents itself. The membrane in Diphtheria differs from that of croup, pleurisy, pericarditis etc., in having no cells that organize themselves into fibres. The diphtheric membrane never goes on to a higher state of organization, but without exception exhibits a tendency to putrify, decompose and loosen from its surroundings. This of itself is sufficient proof that it is not a fibrinous production, and that it differs from other membranes and exudations in that they rapidly organize, and assume a higher grade.

Rokitansky has shown that the character of the coagula in the heart and pulmonary vessels after death, correspond to the different exudations in different diathesis. The same tissue, irritated by the same cause, with different subjects, yields different forms of exudation. Paget has shown that the character of the fluid in a blister varies with the time and severity of the stimulus applied, and the diathesis of the patient. Thus in patients of sound, healthy constitution with a local affection the fluid contains an unmixt coagulum of firm, elastic filamentous fibrine. While in phthisis and low forms of disease the fibrine is at its minimum and concealed by corpuscles. Hence it may be inferred that the state of health of the patient and ability to repair tissues would be indicated by the fluid contained in the blister. The exudation will be in accordance with the state of the blood, or the operation of the agent producing the exudation. Bichat first advocated that each tissue when inflamed had its own peculiar exudation. But experience teaches

us that this is not *true* and that the character of the inflammation varies with the character of the disease. It is true that the product of inflammation in some tissues is less fibrinous than others and degenerates earlier, but this is effected by external as well as internal influences. Certain blood diseases create forms of local inflammation and determine the seat of disease. Thus in measles, variola, scarlatina, etc., the skin is the point of attack, and it may exhibit a tendency to throw out an exudation which may degenerate as with variola. This exudation and formation of circumscribed spots, or eruptions characterizes to a greater or less extent all contagious blood diseases. It also induces us to believe that to a greater or less extent they are contagious. Regarding typhus as of this class, Diphtheria, spotted fever, etc., we do not hesitate to admit that they may within proper limits be regarded as contagious.

The character of an exudation is also influenced by the atmosphere. Thus in pleuro-pneumonia the lungs separate while the pleural exudation goes on to organize, but if in contact with air would speedily form pus and exhibit the influence of the air. The exudation corresponds to the state of the blood, the intensity of the inflammation and the location. Hence we find that the more malignant the case, and the more depravity of blood is shown the lower the grade of action and the more readily decomposition begins. A full knowledge of the character of exudations and their relation to their respective diseases is necessary in order to comprehend fully the relation of the membrane in Diphtheria to the cause of the disease and also to the cryptogamic growths, their habits and peculiarities.

The cryptogamic growths commonly observed in disease are the *alga* and *fungi*. They are of the lowest form of vegetable life, many so minute that the microscope alone reveals their outlines. They require no nutriment except what water and air and decomposing organic matters contained in solution afford. They absorb nutriment equally from every part of their surface. The fungi differ from the other cryptogamic growths in requiring *absolutely* the presence of dead and decaying matter which by its decomposition furnishes more carbonic acid and ammonia than the atmosphere and moisture alone afford. Light retards their growth, hence we find these plants springing up with astonishing rapidity at night when more moisture is afforded and light withdrawn. I have removed fungi from the cellar where they were

vegetating in a beautiful manner to the office window. Immediately they cease to flourish—many light-colored turn black, wilt and die. Pieces of yeast and bread covered with the yellow, black and red odium ceased to support them and they showed no further signs of activity when exposed to a strong light. Sometimes, like a thistle when cut green, seeds, or *spores*, are matured in abundance, though the plant be dry.

Fungi are opposed to possess a sexual apparatus, certain cells of the mycelium are developed into sperm and germ cells. Fructification results from conjunction and an embryo is the product. This divides, and sub divides, indefinitely and an infinite number of spores are produced. These extremely minute bodies are carried continually wherever air goes. They are deposited alike upon all surfaces. When they fall upon a surface favorable to their growth, they take root. A potatoe placed upon a rock will not manifest signs of vegetation, nor will the spores of a fungi upon a red-hot stove, but if it falls upon a decomposing organic body, which contributes the necessary materials for its support it will take root, spring up and bear fruit abundantly. These spores are very tenacious of life, (Berkley, *Outlines of British Fungology*). A moist heat of 212° F. does not destroy their vitality. They endure frost. Payen in his experiments with red odium of bread, (*odium aurantiacum*), developed plants from spores baked with dough. Pieces of bread and dough, upon which the spores were sown, were exposed to a moist heat of 212°, 225° and 248° F. These produced the red fungus. Bread not so treated had no red fungi. At 248° they lost their red color and ceased to germinate. This explains how they may spring up in the interior of bread, having survived a baking. The degree of heat to which all varieties can be subjected has not been determined. It is becoming more clear daily. Says Rokitansky, that "parasites are not the production of a *generatio equivoca* out of diseased organic matter, but that they enter into the organism from without, and there find a soil appropriate for their subsistence and growth." Thus it is we expect to show that parasitic growths germinate *only in particular exudations*, while in others they remain undeveloped. It seems as rational to conclude that Nature's laws must be consulted in the growth of a humble plant as it must also in one of a higher order. It is not rational to conclude that a seed is *necessary* to produce a plant in one instance and in another that a plant *producing seed* may spring from

nothing. In the office are bottles of urine, one has a pellicle upon the top which supports fungi. The cork has been left out while decomposition was going on. Two other bottles which have remained corked for nearly a year show no signs of fungi. If exposed to the air for a few days the same growths will be observed. These I have kept from the air for the purpose of observing the change the contents will under go. I have experimented considerably with the algæ and fungi to determine their habits and mode of life. I do not believe that where the possibility of air being admitted is prevented, unless spores are introduced by other means, the plants will ever be produced.

The fungi formed on mucous membrane are generally of the form of linked, branched threads, and may be found in the crusts of old ulcers, on the teeth and in the sordes of typhus (Norma of Klenke and others), in the sputa of other diseases. They have been described by Schonbein, Gruby, Linck, Muller, Remak, Gunsbaugh and Eichstedt, who demonstrated a thread fungus in pityriasis versicolor, Fuchs, Kleuke, Helmbrecht, Langenbeck, Vogel and a host of writers. These fungi form in low forms of disease. Says one author "the only class of plants which are dependant upon matters already organized is the fungi, and that this dependence arises from the peculiarly large and constant supply of carbonic acid and ammonia supplied which they require as a condition of their growth, and which they are able to appropriate only in a nascent state.

They can make use of organic compounds only in a state of decomposition. Vogel asserts that in life they are never observed in the parenchyma of organs. They never germinate upon an exudation or membrane until it enters upon a state of decomposition. By our first observations we have shown Diphtheria to be a disease of a low grade, attended with an exudation which speedily undergoes decomposition. The state of the blood, and character of the local disturbance, being of such nature that the membrane does not organize, not being of vitalized material. These growths are found in Diphtheria whether upon the body, the extremities or within the throat. Harley, Rodgers, etc., have proved to a certainty that they are not *always* present. To be a cause of disease, they must *always* be present, and must *precede*, not *follow*, the manifestations. The subject resolves itself into these conclusions :

1st. That low forms of disease favor the growth of cryptogamic plants by supplying the nutriment they require.

2nd. That the disease must first exist in order that the nutriment may be furnished.

3rd. That as effect always follows cause, the growth of a cryptogamic plant, the result of disease, cannot become its cause.

At our County Medical Society, at its last meeting, it was asserted that Diphtheria and cerebro-spinal meningitis are identical. Concerning the relation of Diphtheria to other diseases, I have nothing to remark. At the next meeting of that society I propose to discuss (being appointed for the Address) the nature of cerebro-spinal meningitis, and its relation to Diphtheria and typhus fever.

A discussion of the paper by the members followed its reading. The nature of the effusion in cerebro-spinal meningitis—the spots, eruption and treatment was also discussed at considerable length. The paralysis following Diphtheria and spotted fever was also considered. This was not regarded as indicating that the two diseases were identical, but that the paralysis was but another proof of the general character of the disease; in question that the diseases are *blood diseases*.

This may be shown early in the disease, or may follow after some weeks. The severity of attack or location of disease does not determine the location or gravity of the paralysis.

The following table from Maingault's work, *de la Paralysie Diphtherique* exhibits the frequency of the different varieties of paralysis:

Paralysie des membranes inferieurs.....	13
Paralysie generalisee.....	64
Paralysie du voile du palais.....	70
Troubles de la sensibilite sans affaiblissement musculaire.	8
Amaurose.....	39
Strabisme.....	10
Paralysie des muscles du cou et du trone.....	9
Anaphrodisie.....	8
Paralysie de la vessie.....	4
Paralysie du rectum.....	6

The cause of paralysis has been sought by many in the affections of the kidneys. Albuminuria was thought to be a sufficient cause, but observation demonstrated that as many cases exhibited signs of paralysis in which no albumen could be detected in the urine through the whole course of the disease, as in those in which

it existed in large quantities. Many of these also being free from paralysis. It also follows Diphtheria developed upon the body. Cases are reported by Maingault which were "*le resultat d'une diphtherie cutanee developpee a la surface de vesicatoire*"

The paralysis of these diseases must be regarded of the same character as those resulting from all blood diseases, diseases the result of a zymotic poison. M. Trousseau, in one of his cliniques, has observed, "*a la suite du cholera, des fievres graves, des typhus de la fievre typhoid, on peut observer des paralysies, il n'est rien la qui doit nous etonner.*" Post mortem examinations reveal nothing concerning the nature of the paralysis, the most grave cases being free from local manifestations.

There is no lesion of the nervous centers. "*La paralysie diphtherique generalisee est donc une affection sine materia, une paralysie sans alteration appreciable du systeme nerveux.*" The cause must be attributed without doubt to the changes effected in the blood, it being no longer able to furnish good material, and also to the influence of the poison upon the nervous centers. It is debility and loss of vital action. It may in many cases be of long duration, and may soon pass away, though in general recovery is tedious.

M. Trousseau regards the paralysis as the result of the poison in its action upon the tissues. "*La cause rielle des paralysies, c'est l'empoisonnement, c'est l'intoxication de l'ecorromie par le principe morbide qui donne lieu a la diphtherie.*"

ART. III.—*Inhalations of Persulphate of Iron in the Atomized form for arresting Hemorrhage of the Lungs.* By G. BRUHL, M. D., Cincinnati.

IT is generally conceded, that remedies locally applied, have a more prompt and decisive effect than those administered "*per viam longam digestionis.*" If in a case of severe metrorrhagia, styptic injections are made into the uterus, immediate relief is mostly afforded in a short time. Therefore, it is reasonable to expect a similar favorable result, if we apply styptic agencies in hemoptosis by means of inhalations in an atomized form. The following case, and the experience of known professional men,

who have paid particular attention to this subject, show the accuracy of this conclusion. A lady of delicate health, about 25 years old, mother of two children, had suffered at different times for the last seven years from slight hemoptosis. A physical examination of the thorax left no doubt that there existed a cavern in the upper lobe of the right lung. The usual routine of treatment had been employed for a long time, but disgusted with the hypophosphites and cod-liver oil "*et id genus omne*," she had abandoned all treatment until about eight weeks ago, when a severe pulmonary hæmorrhage made her apply again for medical aid. The usual remedies, sugar of lead, tannin, gallic acid, persulphate of iron, ergotin, digitalis in combination with opiates were used, checking the hemorrhage partially for two or three days, when another severe attack would occur. So things went on for about fourteen days, when one morning I was hastily sent for with the "consoling" message that the lady was in a dying condition. As a last resort I took one of Bergson's insufflators along. I found her with a small frequent pulse, heavy respiration, cold extremities, covered with a clammy perspiration, unable to utter a syllable. A wash-bowl half full of blood, standing in front of the bed, revealed plainly the cause of the calamity. Without any hesitancy I forced a solution containing liq. ferr. persulphate; aq. lauroceros. aa. ʒ; aqua distill.; ʒx, by means of the insufflateur in her mouth, keeping on with this manœuvre for about half an hour. To my great surprise her pulse became gradually fuller and slower, the respiration more regular and easy, her hands warmer, and the hemoptosis ceased. Internally, I ordered her then R̄ Ergotin ʒij, aether acetic ʒi. plumb acetis ʒss. morph. acet gr. i, Aq. cinnamon ʒiss. Syr. simple ʒss; a teaspoonful to be given every hour; at the same time instructing her husband to have the inhalations repeated, if another attack should happen.

When I called in the afternoon, she had only expectorated a few teaspoonsful of dark coagulated blood, and perfect reaction was established. As the result was so favorable I kept on with the inhalations for fourteen days twice, and from thence only once per diem. Since that time never the slightest trace of blood could be detected in her sputa. She has gained in flesh and spirits; the cough and purulent expectoration have diminished; the cavernous rales disappearing. If this is attributable to the tonics she is taking now I do not know—anyhow she is improving.

In looking over the authorities, I find that other physicians

have had similar happy results. Lewin reported 47 cases, of which in 36 the hæmorrhage was arrested after the first inhalation. Zdekauer, 5 cases, where a number of internal remedies had been used in vain; in 2 cases the hæmorrhage ceased after the first, in one after the second, in one after the third, in one after the fourth inhalation. Dr. Lingen reports one case with perfect success; Fieber 4; Schnitzler 1; Leibbinger 2; Siegle 3; Tobold 21, needing from one to three inhalations; Wedemann 6; and Waldenburg 6 very severe cases, in all of which but 1, only one inhalation was necessary.

The remedies used by these gentlemen were principally the perchloride of iron, tannin and alum. Besides them, cold water of a temperature of 8–10° R. has been proposed by Fieber, but I do not find any case on record where it has been tried with success. In all severe and obstinate cases the preference has been given to the perchloride of iron; alum and tannin only being applied in the milder cases, or where after the use of the perchloride a slight hemoptisis kept on for some while. The above case shows that the persulphate is equally effective. The dose of these agents is:

Liq. perchlorid., ferr. gtt. V—XX.

Liq. ferr. persulphat., gtt. V—XX.

Aluminis, gr. V—X.

Tannini, gr. V—XX.—to 1 oz. distilled water.

As a corrigens about 20 drops of laurelwater may be added.

Hospital Practice.

LONDON HOSPITAL—*Case of Disease of the left side of the Brain, involving the Corpus Striatum, etc.; the Aphasia of Trousseau; Clinical remarks on Psychico-Physical Symptoms, Under the care of Mr. PRESCOTT HEWETT.*

THE following is a case of considerable interest, although the damage to the brain was so wide spread that precise evidence bearing on disputed questions as to the localisation of "faculties" is not supplied by the autopsy. In this respect it stands in contrast, as Dr. Hughlings Jackson observed, to the remarkable and valuable case Dr. Sanders has related in the *Edinburg Med. Journal*, March, 1866.

Dr. Jackson thinks there is a danger that students may look upon a bad case as a typical one. A case like the following was, he said, no more significant than that of a certain difficulty of articulation which occurs from disease of the corpus striatum, or of the convolutions near this body. There were to be traced, he believed, (from various cases of hemiplegia) defects, increasing in range and diminishing in degree, from those of articulation to incoherence. And it was, he thought, not well to exclude defects of articulation from one end and incoherence from the other end of one continuous series of psychico-physical symptoms. All these various defects were, he believed, disorders in a certain series of cultivated *anatomical possibilities*—of motor and sensory centres ascending in complexity, in *interrelations* and in *width of associations*. Although we usually speak of these symptoms as defects of expression by motion, it is quite clear that motion and sensation are everywhere interweaved. He attempted a comparison and contrast betwixt double vision and difficulty of articulation, incoherence and spectral illusions. In disorders of the higher complexities and wider associations of motion and sensation, or, as they might be called, expression and perception, it is, he thinks, scarcely proper to separate the two sorts of defects.

Although he has, in his first paper, (London Hospital Reports, vol. i, 1864,) used the expression "faculty of language," he now thinks it better either to avoid the use of such terms, or to make their use so common as to take away the undue importance they are sometimes allowed to have. And instead of first studying "memory for words," he would advise the student to begin by thinking of the cultivation of a simpler series of sensory and motor processes. such, for instance, as that of remembering an umbrella. It is long before the motory and sensory impressions become so nascent that the umbrella is *unconsciously remembered*—if such a phrase be permissible. Dr. Hughlings Jackson, in this connexion, spoke of "innate ideas." and said the only conception he could form of them was as of a series of anatomical possibilities—not nervous centres only—in correspondence with a particular series of so-called "sensation possibilities" in the organism's environment. These congenital anatomical possibilities represented, he supposed, the acquirements of the race, and their particular cultivation—"the faculties"—the acquirements of the individual members of it. The aye-aye might be said to have innate ideas about certain larvæ. To the habits, taste, etc., of

these larvæ it is, so to speak, in such exact physical correspondence, that the *faculty* of seeking and getting them out of trunks of trees, of eating and digesting them, etc., is so easily developed that it may conveniently be called instinctive. There is, of course, an enormous difference in degree in the wide possibilities of the human cerebrum and those narrow possibilities—almost certainties—which are the framework of instinctive actions, or such actions as smiling and the movements of respiration.

The secondary-automatic utterances of some of these "speechless" patients appear to show the resemblances betwixt commoner reflex actions and the higher intellectual operations. Dr. Hughlings Jackson's opinions on these last points we have already reported in some detail in our "Mirror," June number 1866—p. 382. We may also refer to his first paper in the "London Hospital Reports," vol. i. 1864, p. 454. He there compares such utterances to gross reflex actions. He thinks that a study of Mr. Herbert Spencer's works will show the extreme importance of working at the whole of the physico-physical symptoms we meet with—in connexion with hemiplegia to begin with—from those grossly motor, as defects of articulation, to those purely "mental," as incoherence. He believes that observations on this plan will help to demonstrate the truth of many of the views Mr. Herbert Spencer has put forward in his "Principles of Psychology." If terms are to be used, or perhaps abused, the extremes may be respectively called ataxy of muscles and incoherence of ideas. Dr. Hughlings Jackson would begin with hemiplegia, as he believes present evidence goes to show that the chief anatomical question is the relation of the disease which damages speech to the motor tract. He still thinks that the points of importance are, (1) the *quantity* of brain damaged, and (2) the *relations* of the damaged part to the corpus striatum, the point of emission of the orders of the "will" to the muscles. Cases of defects of speech are, Dr. Jackson thinks, more valuable to think *from* towards mind than to think *on* as cases of aphasia. They are more definite than other mental defects. From the corpus striatum, inwards and outwards, he would begin his anatomical studies of Medical Psychology. The vascularity of this region is a most important fact in many ways, and he thinks it not unlikely that arteries have to do with unifying in action parts differentiated in function. He urges strongly that we should derive from cases of chorea, epilepsy, paralysis, and defects of speech try to

learn something towards establishing the Laws of the Evolution of Movement and Sensation.

As to the side of the brain affected, Dr. Jackson simply says that the mass of clinical facts show that considerable defect of speech rarely occurs with hemiplegia of the left side. Dr. Wilks writes, in the last volume of "Guy's Hospital Reports," p. 172 : "With regard to the loss of speech with right hemiplegia I need scarcely say that my observations accord entirely with those of Dr. Hughlings Jackson, although the true explanation of this remarkable circumstance has yet to be discovered." Neither Dr. Wilks nor Dr. Hughlings Jackson goes beyond stating the mere facts of the question. Dr. Jackson has recorded three exceptions to this clinical rule in his first paper on the subject ("Lond. Hosp. Rep.," vol. i., 1864), and more than this, he has, he tells us, received from Dr. Long Fox, of Bristol, the report of a case and post mortem examination which seems to show that disease of Broca's region on the left side does not always destroy power of speech. Dr. Hughlings Jackson has recorded in the "Ophthalmic Hospital Reports" three cases—quoted in the last volume of "Ranking's Abstract"—of disease of Broca's convolution on the right side, without any defect of any kind.

The almost constant association of loss of speech with hemiplegia of the *right* side has been discovered three times independently—viz., by M. Dax, by M. Broca, and by Dr. Hughlings Jackson. So that, admitting that an exceptional case ought to have very great weight, and with great deference to the "theory in possession," the *clinical peculiarity* cannot be dismissed as a point of no importance.

A man, forty-nine years of age, had a fit on the evening of the 1st of May last; and, according to his wife, the right side of his body was convulsed, and not the left. He came round, she said, in half an hour, but could not speak, and was found to be paralysed on the right side. From that time it is doubtful whether he ever spoke any word but "yes" to his death on June 29th. There is little to say about the progress of the case. The patient never said anything, and never made any signs. He kept his bed until his death. He passed his urine and motions under him.

The patient, was, however, not unconscious, as he ate and drank greedily for some weeks, and would utter the word "yes." As, however, he uttered it when any one spoke to him, this fact is not contradictory to the statement that he never said *anything*

for from his mouth the utterance carried no meaning. He had never been able to write; but when a pencil was offered to him, he took it, and scrawled marks on paper, as a baby might do. His right arm became rigid; bending it gave him pain, and this caused him to grin and cry "oh!" One of the patients told Dr. Jackson that the poor fellow once said "nurse."

The last few weeks of his life the man took less food, became emaciated, and gradually sank exhausted. For some of the facts of the report we are indebted to Dr. Colquhoun, late assistant medical officer.

The autopsy was made by Dr. Hughlings Jackson and by Dr. James Jackson, the resident medical officer. A large dark clot lay in a cavity of softened brain extending from about an eighth of an inch in front of the corpus striatum to the front wall of the middle cornu. The lateral ventricle was not opened, but the intra-ventricular part of the corpus striatum had been a little undermined toward its center, and the thalamus to a great extent. The clot did not extend into the crus cerebri.

Before the above examination was made the pia matter had been taken off and the convolutions observed. The insula looked yellow, and getting off the pia matter tore through into the yellowish softened cavity of the clot. The brain was softened and discolored up to the grey matter of a great many folds, including the posterior half of the third frontal, lower part of the transverse, the parietal, and part of the second frontal, as well as much of the floor of the fissure of Sylvius. The right side of the brain was firm and perfectly healthy. The medulla was healthy.

The convulsive seizure is, Dr. Hughlings Jackson thinks, a symptom of great interest, especially as showing the loose meaning of the word "epilepsy." It is sometimes discussed whether epilepsy causes cerebral hemorrhage or cerebral hemorrhage epilepsy.

ST. BARTHOLOMEW'S HOSPITAL — *Ununited Fracture of the Humerus; Employment of Bickersteth's Process for Promoting Union of the Fragments.* Under the care of Mr. PAGET.

There is probably no event more annoying to a surgeon than to find, after every apparent care has been devoted to a case of fracture, that the fragments have failed to unite. This accident is not, happily, of frequent occurrence. Lonsdale found that of

4000 fractures treated at the Middlesex Hospital only four or five refused to unite. Liston met with one only in his practice. Norris did not meet with one case out of 946 fractures. (See Holme's System of Surgery, vol. i, p. 793). So that probably we may allow one failure of union for about every 1000 cases of fracture. The most common cause of non-union is thought to be motion between the fragments. That this is a likely cause must be evident to everyone. But, considering the large number of simple fractures which must necessarily be badly treated, and the very small per centage of failures, it is tolerably certain that the large majority of broken bones will unite even under such disadvantageous circumstances, and that we must look for some superadded cause when union fails to take place. Such a cause may be found in constitutional debility from old age, pregnancy, lactation, syphilis, fevers, general cachexia, and above all probably from scurvy. Or local cause may be present. There may be inflammation of the soft parts, paralysis, or obstruction to the circulation from tight bandaging. In the case which we are about to relate, Mr. Paget pointed out a probable local cause which it is worth while to remember, as a misfortune of the kind may be prevented by attention to the circumstances.

Two cases of ununited fracture are at the present time in St. Bartholomew's Hospital under Mr. Paget's care. A Welsh man, thirty-one years of age, broke his left femur about the middle twelve months ago. He was in Wales at the time, was treated by a surgeon, and laid up for four months. There was no union. He came into the hospital to see if anything could be done for him; but he has hitherto declined to submit to an operation. It is curious to see how little comparative inconvenience he suffers from his deformity. He has a femur broken in half, with absolutely no union (so far as can be determined) between the fragments; yet when asked to walk, he gets nimbly out of bed, seizes a stick with his right hand, and traverses the ward with considerable ease. He can lift his leg forwards and backwards, and he places the foot fairly upon the ground. No doubt the weight of the body is mainly distributed between his sound leg and the stick; but he does not hop, and, without a knowledge of the circumstances, it would be impossible to imagine the actual condition of his left limb. We observed that when using the leg, the great muscles of the thigh became more than usually rigid. They appear indeed, as Mr. Paget remarked, to act as

temporary splints; and as the fracture is probably transverse, the bone is in this way capable of bearing a certain amount of weight in a direction directly downward. The other case was operated on November 24th. The patient is a Deal boatman, who broke his right humerus nine months ago in two places—below the insertion of the deltoid, and above the condyles. The upper fracture it repaired; but between the fragments of the lower one there is no union. It was for this condition that he came into the hospital. The patient is just such a hearty-looking fellow as we might expect to find in one of his craft.

On the 24th of November, the man being under the influence of chloroform, and his arm laid upon an obtuse-angled wooden splint, hollowed out to receive and steady it, Mr. Paget first carefully examined with his fingers the position of the fragments. So far as he could determine, the fracture was slightly oblique, but there was probably not more than half an inch of overlapping. By a little dexterous manipulation, he contrived to coax the fragments into a desirable position, the upper end of the lower portion lying upon the lower end of the upper. His object was so to arrange them that a hole might be drilled through the bones, and a stout wire passed through so as to pin them together. All being ready, he passed a narrow-bladed knife down to the nearest bone, in a direction from below upwards and backwards. The knife was then withdrawn, and a common archimedean drill introduced in its place. By means of this he bored a hole through the two fragments, and then passed into this a stout iron wire three inches or so in length. The upper end of the lower fragment was very fairly pierced, Mr. Paget remarked, but he did not think that the lower end of the upper one was so happily transfixed. It was, however, certainly caught, and the fragments thus connected. The plan pursued was that recommended by Mr. Bickersteth, of Liverpool, in a paper which he read before the Royal Medical and Chirurgical Society. It is a modification and probably an improvement upon Dieffenbach's operation, which consisted in introducing ivory pegs for the purpose of exciting ossific deposit. Mr. Bickersteth's plan conjoins with this the happy feature of securing immobility to the fragments. In some cases treated this way by Mr. Bickersteth the results were very satisfactory.

What was the cause of non-union in this hearty boatman's arm? Mr. Paget thought that the accident might be traced to these two

influences. In the first place, he pointed out that in such a fracture as this the middle fragment is at a great disadvantage. It is cut off above from the nutrient artery of the bone, and below from the vascular supply around the joint. It is, in fact, isolated from a free supply of blood. In the second place, during the splint-treatment of such an accident, the elbow-joint becomes stiffened, and, when the splints are removed, as the joint does not readily yield, an amount of strain is exerted upon the newly formed osseous substance which it is unable to bear without giving way. There is an attempt to bend the arm; flexion will not take place at the rigid joint, and so it tends to occur at the weak point above. The inference of course from this is that, after such accidents, more than usual care and patience are required in gradually resuming the movement of the forearm.

We shall watch this interesting case, and note the result after a suitable interval.—*London Lancet*.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Supra-Orbital Neuralgia. By A. D. WILLIAMS, M. D.,
Cincinnati.

NEURALGIA of the nerve emerging from the supra-orbital foramen is not uncommon; particularly in regions where chills and fevers prevail. The pain is sometimes mild, but more frequently its severity is really excruciating. No one can form even a slight idea of its intensity, who has not seen others suffer from it, or who has not felt in his own person its penetrating darts and aching heaviness. Where suffering is so acute and frequent, its proper treatment becomes a matter of grave importance. But first a correct diagnosis is to be made. This is generally quite easy in Supra Orbital Neuralgia. The pains begin at the point where the nerve comes out and radiate in different directions over the forehead and temple, according to the distribution of the nervous filaments to these parts.

Sometimes they extend over the whole head, very much simulating general headache; particularly is this the case when both supra-orbital nerves are involved at the same time. The fact that the pains run the course of the trunk, and ramifications of these nerves unmistakably indicate that neuralgia of said nerves is the immediate cause of the suffering. Another diagnostic symptom is the tenderness felt upon pressure over the track and branches of the nerve. It is true, however, that the scalp will feel sore or tender after severe cephalic pains of any kind, but after Supra-Orbital Neuralgia this tenderness is confined mainly to the body and branches of the nerves, and after general headache it is extended more or less over the whole surface of the scalp. Pains very similar to the neuralgia may come from inflammatory disease of the eye, but it is hardly probable that any one would mistake the pains of an iritis or keratitis for neuralgia of the frontal nerve. They may resemble each other very much, but we always have the inflamed or non-inflamed eye to help us out in the diagnosis. As to the cause but little need be said. It is generally *maltritious* or *periodical* and hence occurs mostly in malarious districts.

The treatment divides itself into two heads, *palliative* and *radical*. The paroxysms of pain are sometimes so intense that some thing must be done for immediate relief to the sufferer. For this purpose the best remedy I have ever had any experience with is *volatile liniment* or *spirits of ammonia*, the preference always being given to the former as it is the milder.

A soft linen cloth is folded four or five times, so as to be about the size of the palm of the hand, and should be a little longer one way than the other. A few drops of the liniment are dropped upon the compress and spread over its surface. (Four or five drops are enough to use at once). It is then pressed with the hand firmly upon the forehead, just above the eye-brows and held there from one to two minutes; or until the skin turns red beneath it, which will be very soon after its application. Just here be it observed that considerable care is necessary, else a large blister will be raised over the brow by the surprisingly rapid action of volatile liniment and *particularly* if spirits of ammonia are used.

So far as pain is concerned, the effect of this application is nearly instantaneous. The patient will almost invariably express himself as greatly relieved, even before the cloth is removed, and

particularly if he has been suffering severely. And as a rule it will not return at least for several hours and sometimes not at all. So then the palliative treatment not only relieves suffering, but gives us an intermission of pain and a very favorable opportunity to institute the necessary treatment for the *radical* cure. This consists from three to five pretty large doses of quinine (about 5 grs. each) given for instance morning and evening. Better give the first dose immediately after the local treatment, and then repeat every twelve hours afterward, until the necessary quantity is taken. Three doses will usually suffice. This treatment, it will be observed, is in harmony with the supposed cause of the disease—*malaria*.

While I was in the Army of West Virginia I had an opportunity to see and treat a great deal of this kind of neuralgia. I always treated it as above indicated and have every reason to be satisfied with the results. I remember no case that stubbornly resisted this mode of treatment. The idea of the *palliative* part I got from Dr. G. S. Shaw, of West Virginia, who was my regimental surgeon at that time.

Lately I have treated in the same way a delicate, sickly woman from southern Indiana, and with good success. After she returned home, she wrote to know the name of the liniment used, that she might get a supply, and have it on hand for an emergency. She has hitherto frequently suffered severely from such neuralgic attacks, and naturally enough expects them again.

I do not mean to say that this treatment will cure all cases of Supra-Orbital pains, but believe it is the very best treatment for *simple* neuralgia of the forehead. Pains in this region are frequently produced by fractures, by tumors, or by anything that may cause pressure upon or disease in the trunk of the nerve. In such cases nothing but surgical treatment will avail anything. The operation which the surgeon makes in such cases is what is called *resection* of the nerve.

When the nerve is not cut behind the seat of disease the operation likewise fails to give relief.

I saw a number of resections while in Vienna last year, all of which turned out well. In some instances the bones have to be cut away more or less, in order to get to the trunk of the nerve beyond the seat of the disease. The suffering in all cases where resection is indicated is almost intolerable.

Ophthalmological Observations in Cholera.

DURING the epidemic of Cholera in Berlin, in the summer of 1866, Dr. Græfe took occasion to institute careful examinations of the eyes of choleric patients, and has given his observations in the *Archiv fuer Ophthalmologie*, of which he is one of the able and laborious editors. The so-called "*facies cholericæ*" is due to diminished energy of the facial nerve and the muscles of expression. The forehead becomes smooth and stiff, the angles of the mouth droop, the naso labial fissures are effaced and the personal expression of the face disappears to a remarkable degree. The return of the play of the features is hailed as one of the surest indications of convalescence.

The eye forms an important element in the *cholera face*. It is generally only half closed, from the fact that the upper lid, although depressed, is but imperfectly so, while the margin of the lid hangs loosely and bags away from the ball as in *lagophthalmus paralyticus*, or atrophy of the orbicularis. This expression of the eye is the result of two causes—diminished energy and activity of the orbicularis palpebrarum, and a sinking back of the eye into the orbit. Whether this "*lagophthalmus cholericus*" comes from diminished activity at the central origin of the facialis or diminution of the excito-motor influence of the trigeminus upon the facial nerve or from a peripheric muscular affection he is undecided. Anemia of the brain would account for the first two conditions, and of the muscle itself with the rapid abstraction of water from the blood, favored by the superficial position of the muscle, for the third. The rapid sinking of the excito-motor energies is a prominent feature of Cholera, and probably also the principal cause of the speedy and terrible mortality, and it is likely that the power to receive and conduct impressions fails more rapidly in the 5th pair than in the nerves of sensation in other parts of the body.

The sinking of the eye-ball in the socket is produced by the diminution in volume of the cellulo, adipose tissue of the orbit from the great loss of serum. The sunken appearance of the eyes varies in different cases, according to original peculiarities in the structure of the eye and lids, but especially in the size of the eye. In myopic persons with large and elongated globes, the sinking is not nearly so marked as in others. Another phenomenon which has been particularly dwelt upon in Cholera, is the

apparent turning up of the cornea, so that it is covered by the drooping upper lid, and only a portion of the sclerotic appears between the partially closed lids. The fact is the cornea does not really stand higher than it generally does when the eye is shut, but the phenomenon is a necessary consequence of the imperfect closure of the lids. The same thing is observed in the partially closed eye in paralysis of the orbicularis.

The peculiar affections of the conjunctiva and sclerotica have been remarked by all writers on Cholera. In all cases where the lagophthalmus cholericus is developed, there seems a striking injection of the conjunctiva at and below the inferior margin of the cornea. The surface injected corresponds very nearly to that part of the globe which is not properly covered by the lids. The injection itself is formed by a beautiful developement of the anterior conjunctival veins, with a mingling of some of the episcleral vessels that inosculate with them. The peculiar dark red hue of the vessels is but a part of the general cyanosis. The injection usually extends into the limbus conjunctivæ corneæ, but there terminates abruptly. It is seldom that genuine affections of the cornea, other than slight irregularities of the epithelium, take place in Cholera, but as a sequel, nervo-paralytic keratitis is sometimes observed. Associated with this injection of the conjunctiva is a dryness of the epithelial covering, with loss of its brilliancy, and in high grades, small white patches of accumulated epithelial cells, similar to xeroma. These are especially noticable on that part which is unprotected by the lids. The secretion from the conjunctiva in general is very scanty, so that the eyes are dry and very little disposed to fill with tears, even tincture of opium or other stimulants are instilled into them.

Essentially different from the appearances already described are those indicated by Phœbus and Boëhm, as dark or dirty blue spots in the sclerotic. While those affections of the conjunctiva are almost constantly in well marked cases of Cholera, these patches of the sclerotic are only seen exceptionally (in our Cholera Hospital in about four per cent. of those admitted). The former are not so serious in a prognostic view, but the latter, like the bloody stools, indicate a fatal termination. Although these spots are seen chiefly in the unprotected parts of the sclerotic, still they are not so exactly confined to that space. In general they occupy a zone near the cornea of the width of from two and a half to three lines, in the form of isolated or confluent spots of

irregular form. Bohm's opinion is perhaps correct, that it is the result of the peculiar drying of the sclerotic, by which it becomes semi-transparent, and allows the pigment of the choroid and ciliary body to be seen through it. Græfe has seen them develop very rapidly, and even without the previous injection of the conjunctiva, in very violent cases of Cholera, and hence believes that the desiccation cannot take place through the conjunctiva from without. In his opinion it is a circumscribed and rapid absorption of the nutrient fluid, similar to what takes place in internal organs in some cases.

An observation made by Græfe, if not by others, is the contraction of the pupil in the collapsed stage. With marked individual differences this phenomenon is very frequent, even in patients who have taken no opium. He attributes the contracted pupil to a reduction of the power of the cilio-spinal centre, and connects it with the paresis of the sympathetic innervations of the heart. In this he does not pretend to touch the subtle question whether this paralytic condition of the sympathetic is always secondary to the inspissation of the blood, or the primary result of the action of the cholera poison.

Special attention was given to the ophthalmoscopic appearances of the eye. The view that at the height of the "stadium asphycticum," the small, and even medium sized, arteries of the body become empty, appeared to him a priori inadmissible, because it is neither consistent with the preservation of consciousness or the power of seeing. He hoped to get some light on that subject by studying the vessels of the retina, and found that the circulation in that membrane, does not cease till in the agonies of death. True, he discovered that the central artery and its branches were more reduced in size than they are ever found in health or in any constitutional disease. But they always contained a movable column of blood, as was the more easily seen from the dark color of that fluid in Cholera. The circulation was demonstrable from one of three facts—the presence of spontaneous pulsations, or else pulsations on slight pressure upon the eye with the finger, or the artery, till then filled with blood, becomes empty without pulsations. Spontaneous pulsations he saw only in one case. Induced pulsations, by gentle pressure of the finger, as can always be seen, was by far more frequent. The *slightest* pressure would cause pulsations, but the least increase of force, which in a healthy person would hardly suffice to develop the

pulsations, emptied the vessel completely. This was seen before the heart was so much weakened as it is in collapse where no wrist pulse or second sound of the heart is perceptible. In such a condition with great cyanosis, the only thing visible was the mere emptying of the fine vessels, under the slightest pressure with the finger. From the facts it appears that the circulation even in the small arteries does not entirely cease till death or the formation of coagula in the vessels. It has also been observed that even in collapse, when the radical artery has been opened for the transfusion, a fair stream of blood with rhythmical movements discernable by the eye is obtained, and that even when not the slightest undulation could be felt.

The veins of the retina, in the stadium asphycticum, were always extremely dark, even bluish red, and contrasted remarkably with the slightly filled, and hence much paler, arteries. The veins could likewise be followed to the finest divisions, while the small arteries, that are generally well seen, became invisible. Tortuosity of the veins was not discovered, neither could he detect that their calibre was increased. Hence the marked appearance of these vessels was due, not to overfilling, but to the dark color of the blood. In some cases he found them even smaller than natural, and in these he observed the beautiful, undulating, *stopping and starting* movements of the interrupted blood columns in the veins, as they are seen in embolia of the central artery of the retina. It seems that this phenomenon in the venous circulation of the retina is produced by a diminished *vis a tergo*, with imperfect filling of the tubes of the vessels.

The appearance of the papilla, he found often very much changed. In general it has lost the uniform pinkish red tint which is given to it by the fine capillary vessels, called by Galezowski the *cerebral vessels* of the papilla, and which are continuous along the optic nerve, with the vessels of the pia mater. It is remarkable that the vision is so little impaired in the collapse of Cholera, notwithstanding such great changes in the composition and circulation of the blood. Whether the transient clouds or darkness, so often spoken of by the patients in the commencement of the collapse, result from ischæmia retinae or of the brain, would be difficult to determine. In regard to the choroidal circulation he could not ascertain anything on account of the annoyance to the patient of persistent ophthalmoscopic examinations. Finally he observes that the intra-ocular pressure in Cholera does

not deviate essentially from the physiological condition. In view of the diminished arterial tension, the rapid loss of water in other organs and their consequent shrinking, and also the diminution of innervation in the trigeminus, one would have expected to find the eye softer than natural. But this could not be established by the most careful examinations. E. W.

[NOTE.—In our last number I omitted to state that the article on “Hemiplegia, Amaurosis,” etc., by J. H. Jackson, was taken from the *Ophthalmic Review*, edited by Laurence and Windsor of London.] E. W.

Commercial Hospital.

Surgical Clinic of Dr. W. W. DAWSON. Reported by Dr. J. C. MACENZIE, Resident Physician.

Cystic Sarcoma of the Scrotum—Incipient Elephantiasis Scroti.

M—— H——, Irish, aged 48, laborer, admitted January 16th, 1867. This patient was in this Hospital before from July 23d, 1866 to August 22d, 1866. At that time he was suffering from the effects of a punctured penetrating wound of the abdomen received on the day of his admission. He was discharged from the hospital apparently well.

States that six years ago he first noticed a swelling of small size in the anterior part of the right side of scrotum; this was not at all painful; it soon increased so as to attain the size of a hen's egg. It remained in about the same condition until ten weeks ago, when it again began to enlarge, and has been rapidly increasing in size ever since. He has at no time suffered pain in it, but merely a sense of weight; nor has his general health been at all affected. He has been accustomed to the habitual use of intoxicating liquors. Condition on admission:—rather a debilitated looking man. Says that he feels well. In the right side of scrotum there is an ovoid tumor, 5 inches in transverse diameter by 6 inches in the longitudinal; the skin covering the tumor is

red and vascular; the tumor is indurated but somewhat elastic; pressure is accompanied by no pain. The testicle is situated posterior to the tumor and is adherent to it, but its outline can be distinctly felt; is neither enlarged nor indurated. Fluctuation can not be detected in the tumor; it is not transparent, and no impulse is communicated to it when he coughs. On the left side over the tenth and eleventh ribs there is a soft elastic tumor about 3 inches in diameter; this tumor disappears on pressure and reappears when the pressure is removed; an impulse can be felt in it when he coughs. The cicatrix of the wound for which he was treated last summer is situated just above the tumor—a ventral hernia the result of the wound before mentioned. Pulse 76, rather weak; tongue clean; appetite good, bowels regular.

January 23.—Since admission the tumor has been increasing in size. This morning a grooved needle was thrust into the lower portion of the tumor and two or three drops of serum oozed from the opening on its withdrawal. A canula and trochar were then introduced and a small quantity of transparent straw-colored serum flowed out. General health continues good.

January 30. Forty-eight hours after the removal of the serum it had re-accumulated, and the scrotum had again attained its original size. This morning he was placed under the influence of chloroform, and an incision was made longitudinally through the anterior wall of the tumor; this disclosed a great number of cysts of various sizes containing transparent fluid. These cysts were near the center of the tumor, in a cavity about two inches in diameter. The whole mass was then dissected out excepting the posterior part; this was left, as it could not be removed without endangering the testicle. The edges of the wound, except at the lower part, were then united by means of three sutures, and a tent of muslin was introduced at the lower extremity of the wound. Cold water dressings were then applied. There was not much hemorrhage during the operation. To have opium if in pain.

January 31. There was some bleeding from the wound yesterday but it soon ceased. He took gr. ij. opium yesterday afternoon. Slept well during the night; no pain; no swelling of scrotum; the wound is filled with clotted blood. Complains of a sense of dizziness in head and slight nausea. Pulse 80, moderate force; tongue clean; appetite poor; no stool since operation. To take ʒi. Spir. Frumenti every three hours; gr. i. opium now, and again

at bedtime. To continue cold water applications to scrotum. The tent has been removed.

February 2d. The wound still filled with clotted blood; very slight discharge; there is rather an offensive odor exhaled from wound; no pain. The patient is somewhat anæmic; no fever; tongue foul; appetite good; bowels not yet moved. To take \mathfrak{z} i. Ol. Recini; to continue the whisky. To apply to scrotum, instead of cold water, tepid water with a small quantity of Liq. Soda Chlor.

February 3d. Condition not so good. The wound has rather an unhealthy aspect; the sutures were to day removed as they had ulcerated through one of the edges and no longer served any purpose; wound still filled with blood and exhaling an unpleasant odor; edges are red; very slight discharge; skin moist; no pain; pulse 90; rather weak; tongue slightly furred; appetite poor; bowels freely moved. To apply fermenting poultices containing charcoal to scrotum and continue the whisky.

February 4th. Condition rather better. Odor is not so offensive; edges of the wound less red; the clotted blood is being discharged; pulse more forcible; appetite improved; bowels were quite loose yesterday. Last evening he was ordered gr. x. Bismuth, sub. nit. and gr. ss. opium every three hours; he had one stool during the night. To continue poultices to scrotum, and whisky, opium and Bismuth internally. To have beef essence freely.

February 5th. Wound filled with a large slough of a greenish color; odor less unpleasant; general condition unchanged. To continue treatment.

February 8th. Since date of last record the wound has been improving. Granulations are beginning to appear; he is very weak and quite anæmic; the diarrhœa has persisted and his appetite has been poor. Yesterday he was ordered ascetate of lead and opium, and is still taking it.

February 10th. Scrotum improving. Granulations more numerous and healthier in appearance. Slough has been almost completely discharged. He is now suffering with bronchitis; pulse 96, rather weak; tongue furred; appetite moderate; bowels moved once. To take \mathfrak{z} i. Syr. Morph. Comp. every three hours, and continue the whisky and beef essence.

February 15th. There is still a portion of the slough remaining in the bottom of the wound; it is cicatrizing at edges;

there is still a good deal of induration in the posterior part of scrotum; cough less troublesome; is gaining strength; appetite good; bowels regular. To continue the whisky, and fermenting poultices to scrotum.

February 22d. Wound in scrotum has been healing since last record, and the patient's general condition has been improving; anæmic; feels stronger; appetite good; bowels regular; still has a slight cough. Continues to take the whisky.

March 2d. Wound contracting; general health good.

March 9th. Wound $1\frac{1}{2}$ inches in diameter; the induration around the wound still exists, but is not so extensive; is now able to walk around the ward.

March 28th. Wound has contracted to diameter of half an inch; induration has very much diminished; is daily becoming stronger. General health good.

REMARKS.—The diagnosis in this case was difficult. The tumor was but slightly changed by the small quantity of fluid withdrawn by the trochar and canula, and it was only when the mass was exposed by the knife that the true nature of the tumor was manifest.

This case may be called *cystic sarcoma of the Scrotum*, though it would, no doubt, had it not been interfered with, have resulted in *Elephantiasis Scroti*. Its progress was gradual, steady, and comparatively painless. The skin was smooth and vascular, generally it is rough, tuberculated, and in old cases, covered with scales. The penis was unaffected but obscured by the skin of the abdomen being drawn down for the accommodation of the enlarging scrotum.

Case of Frost-Bite.

R—— E——, colored, native of Florida, aged 24, farm laborer, admitted February 14th, 1867. States that a week ago he walked a distance of about 45 miles in one day, starting at day-break and reaching the city in the evening. He says that the ground was covered with snow at the time, but that he did not suffer much from the cold. He removed his boots that night and went to bed in a state of perfect comfort. The next day he walked about the city, not noticing anything wrong with his feet; but on the second day after he had walked so far, his feet and legs began to swell and pain him; there was also a sensation as of numbness in them. The swelling has slightly increased since then, yet he

has been always able to walk, and he came to the hospital without assistance. He had the great toe of left foot frosted a month ago but suffered no great inconvenience from it. He has never had any serious illness.

Condition on admission.—Apparently a healthy, moderately stout man. His feet are quite cold and sensation in them is much impaired; this coldness and insensibility extends in the left leg two inches above the ankle; in the right leg the coldness terminates at the ankle. Legs from the knees to the cold line are slightly swollen and œdematous; some pain on pressure in the calves of the legs. Feet somewhat swollen but not œdematous; they present a post mortem appearance; skin on the dorsum of feet is puffy, but the toes are shriveled. Several vesicles on the dorsum of left foot. On the right foot there is a large patch of excoriation as though the cuticle had been torn from a vesicle. The cutis vera is of a dark color, and discharges a very small quantity of serous fluid. He suffers no pain when he remains quiet. Skin moist and warm, (except that of the feet); pulse 100, moderate force; tongue furred; appetite good; bowels regular. To envelop the feet in warm flannel.

February 15th. No improvement in the temperature of the feet; complains of no pain; feels quite comfortable. To have the feet enveloped in flannel, saturated with equal parts of laudanum and chloroform; to have this covered with oiled silk, and the whole enclosed in blankets. The flannel is to be saturated with the mixture frequently. To take 3ss. Spir. Vini. Gall. every two hours, and to have full diet.

February 16th. Feet still quite cold; the mixture produces no sensation whatever when applied to feet, says that he feels when the toes are firmly pinched; the coldness in the right foot extends as high as the ankle, but in the left it extends an inch above the ankle; vesication is increasing; no pain; pulse 94, moderate force; tongue furred; appetite good; no stool. To continue treatment.

February 17th. Slept well during the night; no pain; coldness in left foot has extended an inch higher than it was yesterday, and a line of demarcation seems to be forming transversely across the leg where the coldness ends; no improvement in sensation; the swelling and œdema of legs have quite subsided; feet still slightly swollen and puffy; vesicles becoming more numerous; no change in general condition. To continue the brandy

and the application to feet. To take gr. i. opium every three hours.

February 20th. The treatment has been persisted in since last record. There is no improvement in condition. The line across left leg is more marked; many of the vesicles on feet have coalesced so as to form blebs; temperature of feet remains about the same. Pulse 84, good tone; tongue furred; appetite good; bowels not moved since day before yesterday. To continue treatment.

February 22d. Can move his feet and toes quite freely; says that he feels more distinctly when his toes are touched; there is some heat in left leg for about half an inch below the line; general conditions unchanged except that his bowels are moved once daily. To apply hot bottles to feet and continue other treatment.

February 24th. Both feet seem to be somewhat warmer; he thinks that the sensibility is somewhat better; vesicles on feet are disappearing; mobility of joints good. To continue treatment.

February 26th. Suffered severe pain in feet and legs last night so that he was unable to sleep; pain has to a great degree subsided, but the legs and feet are now quite tender. Condition of feet seems to be about the same as at last report; pulse 108, rather weak; tongue furred; appetite poor; bowels not moved for 48 hours. To continue treatment with this exception that the brandy is to be made into egg-nog.

February 27th. Suffered a good deal last night; pressure upon the dorsal surface of feet is accompanied with considerable pain; the puffy condition of the integuments of right foot is increasing; vesicles have almost all disappeared; feet again becoming colder. Pulse 124, weak; tongue furred; poor appetite; two stools during the night. To continue treatment.

February 28th. Is not suffering so much this morning. On the right leg there is a line extending across the ankle at the tibio-astragaloid articulation; above this line the leg is quite warm, below it is quite cold. Just above the inner malleolus there is a slight ulcer forming, and from this there is a discharge of an oily looking fluid; the right foot is very much swollen, and the skin on the dorsum is elastic as though there was effusion underneath. On the left leg, three inches above the ankle, is a line extending transversely; below this point the leg is cold, above it is warm. He is becoming weaker; sleeps poorly; pulse frequent and weak; no appetite. To continue treatment.

March 1st. Ulceration is beginning at the line across left leg and extending in right one. Sensibility diminishing; general condition somewhat better; not so much pain in feet; skin above the normal temperature but moist; pulse 112, weak; appetite improving; three stools in last 24 hours. To omit the chloroform and laudanum applications to feet. To apply fermenting poultices. To continue the brandy and opium.

March 3d. The ulceration is extending completely around the right leg, and is involving the deeper tissues; very little change in left leg; still has slight sensibility in feet and can move the toes. He is daily losing strength; appetite poor; bowels regular. He is taking a bottle of ale daily in addition to the egg-nog. To continue the opium and yeast poultices.

March 5th. The right ankle-joint has been laid open by ulceration, and very little besides the tendons retains the connection between the foot and leg. The left leg is in much the same condition as at last report. Complains of a feeling of nausea which disturbs him a great deal; no pain in legs; pulse 132, feeble; no appetite; no stool. Treatment continued.

March 6th. The tendons connecting the right foot to the leg were to-day divided and the foot removed; he suffered no pain; there was very little hemorrhage; ulceration in left leg becoming deeper. General condition remains the same. There being slight oozing of blood from the point where the tendo-achilles was divided, persulphate of iron was applied. To continue the egg-nog, ale and opium internally, and the yeast poultices to leg.

March 7th. Says that he feels worse. Complains of pain in the anterior part of chest when he takes a full respiration or coughs; he has a troublesome cough and expectorates yellowish mucus; respiration is labored; no morbid sounds can be heard on auscultation. There has been no hemorrhage from stump; there is a slight discharge of pus from it. Ulceration in left leg continues to extend: the foot is quite cold, yet he says that he has some feeling in it; pulse 140, very feeble; tongue furred; no appetite; no stool for four days. To apply simple cerate to stump; to continue the application of yeast poultices to left leg, and the stimulants internally.

March 8th. He continued to decline until 10½ o'clock this evening, when he died. About 4 hours previous to death his respiration became very laborious, and he sank into a comatose state in which he continued up to the time of his death. The body was not examined.

REMARKS—This case presents some remarkable features. The injury to his feet was no doubt received while walking through the snow, several days before his admission into the hospital. He walked forty-five miles from 3 o'clock in the morning until 8 o'clock in the evening—he had no breakfast and ate no dinner. He arrived in the city at 8 P. M., enjoyed his supper, removed his boots, felt well but weary, and slept soundly all night. The next day he was entirely comfortable, but in the evening he felt some uneasiness about one of his toes. On the second day, when he arose in the morning, he found his feet in the benumbed, cold and senseless condition which they presented on his arrival at the hospital. For five days he had been moving about the city, his feet giving him no pain, but feeling like dead weights attached to his legs, and for some time after his admission he could have walked had he been permitted. The swelling was slight, and at one time the cuticle over almost the entire surface became dry, the effusion beneath it having disappeared; this was about the period when there was some evidence of returning warmth. At this time there was some hope of saving both feet. This hope, however, was of slight duration, as active destruction commenced soon after.

The slow progress of this case was remarkable. For fifteen days after he had been subjected to the cold, his feet remained in very much the same condition—no change in temperature or sensation and but little in the effusion.

No one would have been justified in amputation before gangrene had appeared. After it had been established he could not have borne the operation—the operator would have proved his executioner.

Case of Extravasation within the Spinal Cord resulting from an injury to the Head.

W— S—, German, aged 50, carpenter, admitted on the 18th of February, 1867. States that an hour and a half previous to admission, while working in a well, the rope, by which the bucket was drawn up, broke, and the bucket, weighing seventy pounds, fell a distance of twenty feet, striking him upon the head and producing a wound of the scalp. He was instantly rendered powerless, but retained perfect possession of his senses, and was conveyed to the hospital in that condition. Previous to the accident he had always enjoyed good health.

Condition on admission: A stout, healthy looking man. There is a contused wound of the scalp, about four inches in length, extending transversely across the head, slightly posterior to the coronal suture. There are several smaller wounds connected with the main one. The wound extends only to the aponeurosis in most of its length, but at the right extremity the aponeurosis is penetrated to the extent of half an inch. No fracture of the skull can be detected. He is quite conscious. There is complete paralysis of both motion and sensation in limbs, and in body below the second rib anteriorly and inferior angle of the scapula posteriorly. Complains of pain in the head and back of neck if he is moved; no paralysis of facial muscles; pupils are normal; respiration is almost entirely abdominal, and is quite tranquil; pulse 76, good tone; tongue furred; when protruded it is not deflected to either side; bowels were moved to day; no distention of bladder. The edges of the wound are in apposition by means of strips of adhesive plaster; to apply cold water dressings to the wound.

February 19th.—No improvement in condition; still complains of pain in the head and back of neck; no fracture of the spine can be detected, but as he is quite corpulent no satisfactory examination can be made. Paralysis continues; skin moist; pulse 90, full; tongue furred; appetite poor; bowels not moved; has not urinated since admission. To take five compound cathartic pills at once, and repeat in three hours, if his bowels are not moved before; to have twelve wet cups applied along the course of the spine; to have his urine withdrawn by means of a catheter.

February 20th.—Last evening his pulse became much more frequent; although he had already taken ten pills, his bowels had not been moved; he was ordered five more. At 3 o'clock this morning he died. His bowels were moved several times immediately before his death.

Sectio cadaveris, made 15 hours after death. Moderate rigor mortis. Wound in the scalp in the situation before described. No fracture in the skull. Injection of all the tissues in the post-cervical region over the spinal column; fracture of the spinous process of the third cervical vertebra; the fracture extends along the lamina but does not divide it; the posterior longitudinal ligament of the spinal column was partially ruptured; slight extravasation of blood external to the membranes and between the mem-

branes and the cord opposite the third and fourth cervical vertebra; a clot of blood $\frac{3}{4}$ of an inch long, and $\frac{1}{2}$ inch wide was found in gray substance of the cord opposite the third vertebra. The brain was not examined as the friends carried the body away.

Editor's Table.

Rush Medical College.

A BRIEF and innocent little editorial of ours, in the February number of this Journal, seems to have struck in the midriff of our Lake Shore neighbors; so much so that two pages of literature about the muddy waters of the Ohio, "the Metropolis of the North-West," and "Our Hibernian Friend," are deemed requisite for the emergency. We stated the lecture term of their session "could scarcely have afforded three months of lecture term!" It seems we were grossly mistaken, and we hasten to apologise. The term "commenced Wednesday, the 3rd day of October, 1866, and closed the 30th day of January, 1867." Now as we know something of the Chicago cholera panic about the first days of October, the death of the lamented Brainard, the suspension of the school, *nominally*, for one week on this account, and then deduct the usual jolifications and interruptions of holy-days and we still have left considerably in *excess* of the three months—probably several days, and so we hasten to amend.

What we said in regard to the age and influence of the Rush Medical College was said in good faith; for several years past this institution has been favored with large classes, its alumni are scattered all over the north-west. We come back, then, to the point, with these advantages, cannot "our esteemed neighbors of Rush College" very well *afford* to take an advanced position in all that pertains to the requirements of the doctorate? We certainly think she *owes it* to the profession, when other schools are struggling in harmony with the general sentiment to advance the lecture term and elevate the requirements, she owes it to the profession and herself to take higher ground.

The allusion of our friend to the letter of Dr. Gross is another evidence of perverted fancy. We quoted that letter from the N.

Y. Record as a matter of entertaining gossip, but with the express prefix that we regarded his statements as incorrect.

One word about the "Celtic origin" of that important paragraph;—well, it's a mistake. Our Chicago friends are so close to the Canada line that they see the Fenian behind every log. And finally, we congratulate our friends on their plans of future magnificence, and trust their new Lecture Rooms will be crowded with pupils, and that in future they will not only receive "the usual number of Lectures," but constantly increasing facilities and advantages.

Cholera in Kansas City.

DR. S. S. TODD, of Kansas City, has written an account of the cholera as it appeared in that locality during the months of August, September and October, 1866. He thinks the visitation of the epidemic is clearly to be traced to the landing of a party of emigrants who landed on the 13th day of August, encamping just outside the city limits. From this date until the 23rd, nine of the party died of the cholera. These were the first cases, and those immediately succeeding amongst the citizens where such as were more particularly thrown in contact with this party, as a servant at the boarding house near the landing, a colporteur who attended the sick in camp. He does not give the probable number of cases, but the number of deaths was 127. Dr. Todd states that he has a history of 74 cases of malignant cholera—of these 38 were fatal; of the "36 recoveries 7 were complete collapse." His "belief is that probably 90 per cent. of cholera cases would recover if properly treated at the very *outset*." He adds, however, "cases of exceeding malignancy have appeared to be utterly uncontrollable from the beginning." The latter remark was doubtless true there, as it has been wherever it has made its appearance. Should Dr. Todd have an extended experience with this pestilence, he would "probably" have occasion to materially change his views. Dr. Todd's report is only important as one of the links in the facts bearing upon the communicability of cholera. In regard to treatment, he has very large faith in cantharides—its application as an external blister, and its internal administration.

Criminal Abortion.—The N. W. Christian Advocate.

A RECENT issue of this able church paper contains an extended consideration of the terrible social crime of abortion procuring. The article is timely, and reviews the subject in its various bearings, its crime, its social aspect, its effects upon health, etc., etc. In as much as we have, from time to time, treated of this matter with the gravity its importance demands, (an excellent appeal from Dr. Buckingham appeared in our last number), we do not deem it necessary at present to enter afresh to any extent into the points, so well treated by the assistant editor of the Advocate. We are glad, however, to have a temperate, well digested discussion of the subject placed before the popular reader. The evil is evidently growing. We could tell Mr. Edwards that "the half has not been told." Every physician of any respectable experience knows this, and the greatest criminals are married ladies! I complimented an intelligent married lady recently on the appearance of a bright little girl, eight or ten of age. "Oh, yes," she naively replied, "I tried very hard to kill it though, before it was born!"

How this form of *murder* is to be arrested, is one of the moral social problems of the day. So long as fair woman allows her heart and mind to become so depraved as to desire to prevent the legitimate and happy fruits of wedlock, so long there will be found a bad man, mis-called a physician, who will aid in this revolting crime. Medical Journals and associations have been engaged in fighting the growth of a depraved sentiment in the profession, and we trust the pulpit and the religious press will aid in the cultivation of a proper sentiment amongst the people.

And now, Mr. Editor, when you have disposed of this job, let us suggest to you another, near at home: Do you not know that this evil is the intimate off-shoot of irregular medicine? Do women go to respectable physicians for assistance in this crime? Do they go to even their own family physician usually? If you do not know, ask Dr. Byford, your neighbor. No, my friend, the whole family of fortune-tellers, throat doctors, consumption curers, gipsies, abortionists, are but degrees of each other; *nearly all of them* are liberal contributors to the exchequer of the Book Concern—are welcome patrons to your advertising sheet, and receive either your quasi or outright word of approval. Indeed, my friend, don't you know that even your article, correct as it is on abortion, is worth thousands of dollars to these advertising

quack? For do not their fair promises go out side by side with your high toned, moral chapters, and hence, nine-tenths of your readers infer your endorsement- We have never as yet seen any cards of those pills which are "*not to be taken*, by ladies in a particular conditions," advertised in any of the Family of Advocates, but all the general collection, up to the very verge, find a place and make a stench in the nostrils of all good and thoughtfull men. We hope our friend at Chicago will not deem our remarks harsh or foreign; but he will learn after while as others of us have, that there is more mutual dependence in these questions of morals than the greedy superficial man of business is willing to admit.

Professor R. H. Storer of Boston.

Professor R. H. STORER will give a course of twelve Lectures on the Surgical Diseases of Women, during the month of June. For particulars see card in the advertising department. Prof. Storer is just now famous as the author of the prize essay on Abortion, under the title of "Why Not?" Those interested in this department of surgery, will find these lectures of interest. Dr. Storer has given a great deal of attention to this department, having spent some time as assistant to Simpson of Edinburg, and subsequently editing the American edition of his Obstetric works.

The London Lancet is in doubt what to call several young ladies who recently passed an examination for admission to the Society of Apothecaries. It suggests "apothecaresses" as an appropriate title. The successful passage of their examination might be styled the apothe-o-sis.

Chicago Medical Journal.

This Journal has changed editorial control. Drs. Holmes, Lackey and Lyman give way to Dr. J. A. Allen, who was formerly connected with its management. We part with the retiring gentlemen with regret, and welcome Dr. Allen back to his old place in the ranks. Has this change any significance?

JEFFERSON MED. COL., Philadelphia, held its commencement on the 9th of March, with 150 graduates.

THE UNIVERSITY OF PENNSYLVANIA, Philadelphia, held it commencement on the 14th of March. Prof. Carson gave thealedictory to 156 graduates.

THE CHICAGO MED. COL. had 33 graduates.

THE COL. OF PHYS. & SURGS., of New York, held its commencement March 14th inst. The graduating class numbered 99.

MED. COL. OF GEORGIA, Augusta. This old College has reorganized on a good basis; during the past session there were 73 matriculants and 22 graduates.

BUFFALO MED. COL. had a graduating class of 40 at the commencement, on the evening of February 26th.

THE ST. LOUIS MED. COL (Pope) held its commencement on the evening of March 1st. There were 53 graduates.

THE MISSOURI MED. COL. (McDowell) graduated 21, with 12 ad eundem additional.

THE MED. DEP'T UNIVERSITY OF MARYLAND had a graduating class of 75.

THE UNIVERSITY OF NASHVILLE had a class of 192 matriculants, and the degree of M. D. conferred on 56 candidates.

Health Bill.

AFTER a tedious struggle the Ohio Legislature has at length passed a General Law, giving to cities the power to create a Board of Health. It is to be composed of the Mayor, ex-officio, and six members elected by the City Council.

This Board has power to appoint a Health Officer, Clerk, and ward physicians for attendance on the sick poor. The Council may grant to this Board power to abate nuisances, regulate privy vaults, to create a system of registration of births, deaths, interments, etc. To provide for infectious and contagious diseases, and indeed almost all matters affecting the public health.

Excavations, drainage, sewerage, ventilation of premises, etc., may be controlled by the Board. The Mayor may detail a "Sanitary squad" at the approval of the Board, for the enforcement of sanitary measures.

It will be observed that this Bill is devised as a piece of *Council* machinery, and this is, perhaps, the most serious objection. It is useless to combat poor human nature, and whenever power can be made tributary to party, it is folly to suppose it will not be so exerted. Alrepy a leading newspaper of this city, in most respects very sensible and correct in its views so far as matters of medicine and public health is concerned, has proclaimed its opinion in very emphatic language, that not a physician should be upon the Board.

A judicious system of sanitary regulations under the guidance and control of a Board of Health is an important matter for every great city; not merely as many seem to suppose, on the eve of some anticipated epidemic, but as a constant feature of city police.

American Medical Association.

ONCE more we urge upon our friends to make full arrangements for participating in the approaching session of the Association. We believe it will be a profitable one, and the committee of arrangements, as we believe, will also make the meeting one of the most agreeable that has been held for a number of years. Our central position in Cincinnati, and its easy access, we trust will invite a large representation from every part of our country. As medicine knows no degrees of latitude or longitude, we trust its votaries will come together on this annual scientific festival, with no knowledge of section, and burning only with a zeal for the greatest excellence, and an emulation for the largest contributions to the storehouse of professional knowledge.

Irregular Professional Cards.

A FRIEND has forwarded to us the hand-bill card of a Doctor in his village, who is a graduate of a regular College, and claims to be correct in his ethics. We do not deem it of enough importance to give much space. He should be kindly dealt with. The gentleman is doubtless ignorant of the very bad taste of his appeal to the public, and would be much ashamed if he knew how such things appear to the worthy gentlemen to whom he so publicly refers.

Death of Dr. Delamater.

DR. JOHN DELAMATER, an old and prominent physician of Cleveland, died in that city on Thursday, in his eightieth year. He was a native of Dutchess county, New York, and came West about thirty years ago. In 1835 he came to Cincinnati, remaining several months. During the winter of that year he delivered a course of medical lectures. In 1836 he moved to Northern Ohio, and took charge of the medical institution at Willoughby, for six years. In 1842 he became one of the founders of the medical department of Western Reserve College, commonly called Cleveland Medical College. He retained his active con-

nection with the school until about five years ago, when the infirmities of age compelled him to give up lecturing. He was greatly respected both as a physician and a citizen.

Kansas State Medical Society.

We have received a circular notice of the next meeting of this Society in Leavenworth City on the 3d of April, proximo; signed C. A. Logan, President, and D. W. Stormont, Secretary. Important reports are promised, and from the known energy and ability of the two leading officers we should anticipate success.

Contribution to the Museum of the Miami Medical College.

S. B. CONOVER, A. A. Surgeon, now on duty in Florida, has forwarded to the Museum an interesting specimen belonging to the family of foetal monsters. The following account of the case was forwarded by Dr. Conover:

"The mother is a colored woman, aged about 40, has never been married, but has borne several children; one a mulatto, 19 years of age, and four or five younger ones, as black as ebony. This one again is without doubt a mulatto. The woman states that in June, 1866, while employed on a plantation near this city, she became frightened at a mule that had run away, and sustained a severe lacerated wound of the side and of the head, causing the blood to flow from its head and nostrils. The mule was brought to a door of the kitchen without her knowledge, and stepping out at that moment she became frightened and instantly ran into the house. Within two or three hours severe abdominal and lumbar pains were experienced, together with a slight discharge of blood from the uterus. Rest soon relieved these symptoms, and in apparent good health she proceeded to the full period of utero-gestation, and was delivered of this interesting prodigy."

Prof. Taylor has made a careful examination of the specimen, and has kindly handed us the following description:

EDITORS LANCET AND OBSERVER:

Gentlemen:—The Museum of the Miami Medical College is indebted to Dr. S. B. Conover, of Lake City, Florida, for a specimen presenting the following peculiarities:

It is an average size mulatto foetus at full time.

The head, left arm and lower extremities are normal.

The right arm is absent, the shoulder terminating in a short cone, the skin over which is smooth and studded with hair. Pro-

jecting from about the middle of the sternum is a light-colored fleshy mass, about $\frac{1}{2}$ inch in diameter at its base, and $1\frac{1}{2}$ inches long. This growth is twisted upon itself, and deeply constricted; upon its extremity is a flat triangular mass about $\frac{1}{2}$ an inch in its dimensions; from one side of the mass projects a rudimentary finger; from the opposite side a well-formed thumb $\frac{3}{8}$ of an inch long, upon the extremity of which is a nail. The pedicle (or rudimentary arm) has no connection with the tissues beneath the superficial structures of the breast.

From the junction of the middle and lower third of the sternum to the pubis a portion of the thoracic and abdominal wall is absent, the deficiency being greater to the right of the median line.

The greater portion of the right side of the heart, covered by pericardium, projects from the thorax through the fissure.

The liver lies external to the abdominal cavity and presents the following peculiarities: The anterior margin is thick and rounded; the left lobe is thicker than the right; there is no suspensory ligament and no obliterated umbilical cord in the usual situation. The inferior surface exhibits the ordinary fissuration, the hepatic and cystic ducts pursue their normal course, but the gall bladder is represented by a short scarcely pervious tube, but little larger than its duct.

The intestines lie mostly external to the abdominal cavity, but are normal in arrangement.

The urinary organs are normal except that the wall of the bladder is very thick and dense.

The umbilical cord external to the body is of its usual form and dimensions; it is attached to the left margin of the fissure of the abdominal wall and to the fundus of the bladder, it then passes upwards and is attached to the left margin of the liver.

The diaphragm is well formed. The testicles are still within the abdomen.

Desiring to preserve the specimen, I was deterred from further examination.

Respectfully,

WM. H. TAYLOR

Private Medical Instructions.

Drs. John D. Jackson, S. P. Breckinridge and Prof. Ormond, of Danville, Ky., have associated for the purpose of conducting a regular plan of private medical instructions, with a view of giving medical students a more thorough training, preparatory to attendance on lectures and clinical instructions. The purpose is commendable, and we trust will meet with success. The terms are \$75 per annum.

Reviews and Notices of Books,

The Functions and Disorders of the Reproductive Organs, in Childhood, Youth, Adult and Advanced Life, Considered in their Physiological, Social and Moral Relations. By WILLIAM ACTON, M. R. C. S., etc., etc., etc. Second American from the fourth London edition. Philadelphia: Lindsey & Blakiston, 1867. For Sale by Robert Clarke & Co. Price \$3 00.

Mr. Acton has furnished a most useful book to the profession, embraced in the various departments indicated in the title page above; that is to say, the disorders of the reproductive organs, incident to these various periods of life, childhood, youth, the adult and advanced life. There is a singular degree of ignorance prevalent amongst all classes of people, and to a large extent, we fear, overlooked by the profession, a singular degree of ignorance concerning the sad effects of sexual excesses. Undoubtedly much of the premature old age of men and women, many of the nervous ailments, much of the broken down vitality of people is fairly referable to excessive indulgence in this animal appetite. The author of this work has discussed all these points with a full and honest completeness, and yet without grossness or indelicacy.

It is high time these diseases were taken out of the hands of quacks, and the poor class of sufferers, whether real or mental, be placed under correct and kindly treatment. We very fully and heartily commend Mr. Acton's book to our readers.

The Science and Practice of Medicine. By WILLIAMS AITKEN, M. D., Professor of Pathology in the Army Medical School, etc., etc. In two volumes. Vol. II. From the Fourth London Edition, with additions. By MEREDITH CLYMER, M. D., late Professor of the Institutes, etc., in the University of New York, etc., etc. Philadelphia: Lindsay & Blakiston, 1866. Cloth, \$6.00; Sheep, \$7.00 per Vol.

We have now before us Vol. II, completing the magnificent work of Dr. Aitken on the Theory and Practice of Medicine. Quite recently we noticed in the issue of the first volume, the scope and general character of this work; a work generally regarded as bringing up more completely than any other English work, the present progress and state of the science and practice of medicine. It will therefore be regarded as one of the classical text-books in this department of professional literature for a time.

Complete however as Dr. Aitken's treatise is universally regarded to be, a reference to its matter shows a large number of topics omitted. Many of these the American editor, Dr. Clymer, has labored to supply; and we see it is stated by the publisher that the matter thus added to the American edition make over 300 pages. Thus, for example, Dr. Clymer has added chapters on *Auscultation* in health and disease, together with notices of the Sphygmograph, and like topics of clinical importance that we hardly understand how they came to be overlooked in so complete a treatise. So too the matter of the Treatment of Disorders of the Respiratory Organs, by atomized fluids, has become an important and prominent part of practical medicine, which the American editor has amply supplied, illustrating his chapters with wood cuts of the various forms of apparatus used for such treatment. A number of other important topics have been added by the American editor, to make this a thorough text book and work of reference in this department. A glance at the table of contents of this volume gives an idea of its fullness—occupying itself more than thirty closely printed pages.

Very much in pathology and practical medicine is now undergoing a radical revolution, and works representing the present shape of the theory, as well as the practice of our art, must conform to the rapid progress we are making. Practitioners and students will find Aitken a necessary part of their library.

For sale by Robert Clarke & Co., Cincinnati.

The Common Nature of Epidemics, and their Relation to Climate and Civilization. Also Remarks on Contagion and Quarantine. From Writings and Official Reports by SOUTHWOOD SMITH, M. D. Edited by T. BAKER, Esq. Philadelphia: J. B. Lipincott, 1866.

This little book is from a good man, and is timely. Dr Southwood Smith has had unusual opportunities for the study of zymotic diseases, and as Mr. Baker very well states, Great Britain was greatly indebted to him for the wisdom and energy with which that country was guided through the cholera epidemic of 1849. Dr. Smith was chief medical member of the General Board of Health, and much of the volume before us is made up from his official reports at that time, on the subjects of Epidemics, Contagion and Quarantine. Dr Smith believes that a common nature prevades plague, cholera, sweating sickness, etc., etc., and that certain warnings of their approach, the periodicity of their return, etc. are beginning to be well established. The little book before us treats of all of these, together with Influence of Climate, Theories of Epidemic Causes, Model Dwellings, Sanitary Legislation, and a variety of other Sanitary and Quarantine questions. As we have already said this is a timely little volume and from a good man and will be of good service.

Injuries of the Spine—With an analysis of nearly four hundred cases. By JOHN ASHHURST, Jr., A.M. M. D., Fellow of the College of Physicians of Philadelphia, etc., etc. Philadelphia: J. B. Lipincott & Co. 1867. For sale by Robert Clarke & Co. Price \$1 25.

A neat little monograph, of which the title very sufficiently expresses the scope. Dr. Ashhurst treats very briefly of the symptoms and treatment of the various injuries to which the spinal column is liable; contusions, fractures, and dislocations of course being the most frequent. The tabulated review of nearly four hundred cases is valuable and of special interest to the surgeon. These cases are taken from a great variety of current surgical literature and the author has classified them with reference to the *mode* of injury; its character and progress—time result—remarks—authority, etc. The author deserves credit for his contribution to this department of surgical literature.

Contributions to the Pathology, Diagnosis and Treatment of Angular Curvature of the Spine. By BENJAMIN LEE, M. D.; Philadelphia: J. B. Lipincott & Co. 1867. For sale by Robert Clarke & Co. Price, \$1 25.

As the title just noticed pertains to the surgical injuries of the spine, so this treats of the medical diseases of the same part of the system. The dedicatory chapter to Prof. Barker is pleasant in its gossip style, and indicates the general views and purpose of the author. It is really an exposition in a considerable degree of the teachings of Dr. Charles Taylor's treatment of spinal curvature, by "localized movements." Dr. Lee's book has chapters as follows: 1st. Gastralgia, the initial symptom of caries of the vertebræ. 2d. A brief consideration of certain errors in regard to the pathology and treatment of ulcerative inflammation of the spine, commonly called "Pott's Disease." 3d. The correct principles of treatment for angular curvature of the spine, and 4th. Type cases—which are intended to illustrate the views and teachings of the previous chapters.

Both of these little volumes are beautifully printed on tinted paper, and in all respects are models of beautiful typographic art.

Researches on "Spurious Vaccination," or the abnormal phenomena accompanying and following Vaccination in the Confederate Army, during the recent American Civil War, 1861-65. By JOSEPH JONES, M. D., Prof. of Physiology and Pathology in the Medical Department of the University of Nashville.

Prof. Jones is known as a careful observer and student and a good writer. The pamphlet volume before us is a reprint from the Nashville Journal of a series of articles contributed recently to that Journal, and as expressed above, embracing a series of observations made by Prof. Jones while on duty in the Confederate Army. The contributions of Prof. Jones are important. The modification of the vaccine vesicle, from such depressing forces, as fatigue, exposure and bad diet. The effects of vaccinating with matter taken from degenerated pustules. The modified influence of the vaccine and variolous disease combined. Like observations on the modifying influence of Erysipelas, Like observations on the influence of Secondary Syphilis. It will thus be seen that our author has engaged in a field of inquiry both interesting and important in its practical bearing on the whole subject of vaccination.

The effort of the author to gloss over the Andersonville out-

rages upon Federal prisoners will be read by intelligent men of the North with more than sentiments of skepticism. We wish he had not taken up the matter. Those terrible chapters of the war can only excite the fresh indignation of the North.

The Half-Yearly Abstract of the Medical Sciences. Vol. XLIV. July to December, 1866. Philadelphia: Henry C. Lea. 1867.

Many practitioners are especially partial to *Ranking's Abstract* as re-published for so many years by Lindsay & Blakiston. About the year 1860 however, if we remember, its re-publication was discontinued. Mr. Henry C. Lea now proposes to re-produce the American re-print, commencing with the Part now before us. On the plan of Braithwaite's Retrospect, Ranking gives the cream of all the leading British, French and German Medical Journals. There is but little of the American contributions to Medicine and Surgery. The present number is a very valuable one. The price is \$2 50 per annum, or \$1 50 for each single part. For sale by R. W. Carroll & Co.

Guide for Using Medical Batteries. Showing the most approved Apparatus, Method and Rules for the Medical Employment of Electricity in the treatment of Nervous Diseases. By ALFRED C. GARRETT, M. D. Philadelphia: Lindsay & Blakiston, 1867. For Sale by Robert Clarke & Co. Price \$2 00.

The large work on the same subject, as the present, and by the same author, is pretty well known to the profession, but it is bulky and cumbrous, and by no means so practically useful as the small monograph. Indeed, the author himself regards this as a "condensation of a portion of his larger work—*Medical Electricity and Nervous Diseases.*" The present comparatively brief volume contains every thing of importance in regard to the various apparatuses useful to the Medical Electrician and the various modes of application for therapeutic purposes.

The Renewal of Life. Lectures, chiefly Clinical. By THOMAS KING CHAMBERS, M. D. Second American from the fourth London edition. Philadelphia: Lindsay & Blakiston, 1866. For Sale By Robert Clarke & Co. Price \$5 00.

The present is simply a new edition of a work already well known, and favorably known, to most reading physicians. It is

but little more than a year since we made a full review notice of the book in this Journal, in which we gave at some length many of the teachings and peculiar views of the author. At present, therefore, we shall only call attention to this new edition, and renew our endorsement of its worth.

On the Action of Medicines in the System. By FREDRICK WILLIAM HEADLAND, M. D., B. A., F. L. S., etc., etc. Fifth American from the fourth London edition, revised and enlarged. Philadelphia; Lindsay & Blakiston, 1867. For sale by Robert Clarke & Co. Price \$3 00.

We have had occasion heretofore to speak of the Prize Essay of Dr. Headland, as the most philosophic treatise on the action of medicines we have ever read. And we believe in this we only express the general sentiment of the profession. We are glad to see this new edition which the publishers have presented in attractive type, paper and general execution. It is a work that should have a place in all medical libraries, and its faithful study will do much to make a race of rational physicians.

Abstracts and Selections.

PRACTICAL MEDICINE.

Case of Intermittent Fever in a Child in Utero.

AT a recent meeting of the Edinburg Obstetrical Society, Dr. Hubbard related the following case:

In September, 1846, during the universal prevalence of an epidemic form of malarial fever in Illinois, Mrs. C—— was delivered of her second child. She had been for many days the subject of intermittent fever of the tertian type, and had noticed that, on the days of the recurrence of the chill, there was an entire cessation of the motions of the child, which on her “well days” were resumed with their accustomed vigor. The administration of quinine was purposely withheld until after her confinement, on account of its well known effects in causing uterine congestion and inducing premature uterine action.

She was delivered on her “well day,” and the next day suffered a return of the ague. The child also had a well marked chill,

followed by fever. Quinine was administered to the mother, promptly arresting the disease, at the same time apparently arresting it in the child. It has been observed by physicians practicing in malarious districts that, in seasons of unusual prevalence of intermittent fever, in cases where the mother has lost the disease during the whole or greater part of pregnancy, that it was not very uncommon for children to be born with enlarged spleens, anascara of extremities; and other appearances which follow protracted ague.

Sir James Y. Simpson stated, in relation to Dr. Hubbard's interesting case of intra-uterine ague, that the disease was alluded to by Dr. Morton and some of the older authors on medicine. Dr. Russell, the author of a celebrated monograph of the Plague at Aleppo, alludes to some instances of children being born with plague-spots upon them, and has given, in a separate paper, the details of a case of ague in the fœtus. In this instance, the mother had attacks of tertian ague every second day in the last weeks of utero gestation, and the unborn infant had what were reckoned shakings and rigors on the intermediate days. That these shakings were tertian ague also in fœtus was proved by the fact that the child, after birth, continued to take them every second day till they were arrested by the use of bark.—*Edinburg Med. Jour.*, June, 1866.

Lobelia in Asthma.

The *lobelia inflata*, a drug much praised and abused by quacks and somewhat slighted by the profession, is in constant use among the out-patients of the City Hospital, for diseases of the chest. In doses of ten minims, three times in a day, it appears frequently to produce the most admirable effects in cases of chronic bronchitis, complicated with a tendency to paroxysmal asthma. It is commonly given in conjunction with rsdatives, expectorants, or stomachics, often agreeing remarkably well with the latter. Patients taking it frequently complain of much nausea and sense of depression during the half hour or so following each dose, but it seems on the whole to decidedly improve the appetite and digestion. If the nausea be excessive, combination with a few drops of dilute hydrocyanic acid is often used.

Dr. SUTHERLAND has, in consequence of ill-health, resigned the chair of Chemistry in the University of Montreal, Canada. His retirement is much regretted. The vacancy has been filled up by the appointment of Dr. Craik.

THE surgeons of Vienna employ the white unsized paper, known as "Papier Joseph," for dressing wounds with much success. It has the properties of lint.

Sulphate of Zinc vs. Iodine in Injections for Hydrocele.

Mr. Haynes Winslow, of St. Mary's Hospital, Dublin, clings to the rather old-fashioned remedy of sulphate of zinc, of the strength of three grains to the ounce, as an injection for the radical cure of hydrocele. The zinc injection excites more vascular action than the iodine and gives more pain, but the greater assurance of success is more than a set-off in favor of the zinc. He directs that "after the hydrocele fluid is withdrawn the injection should be thrown in with a syringe through a trocar, and kept in the tunica vaginalis till there is pain in the loins and groins, which usually comes on in four or five minutes. Then the fluid ought to be let out."

Gastric Ulcer treated by Hypodermic Injections.

DR. George Willis narrates an interesting case of this disease, in which the patient being given over to die, hypodermic injection of morphia was resorted to with a view to euthanasia, rather than with any hope of cure; but, behold, when the pain was relieved and some sleep induced, he rallied a little and at the end of a week, being nourished meantime by enemata, was able to retain small portions of liquid food (at first only milk and lime water) if preceded by the morphia injection, which was of the strength of three grains of the salt. This treatment was continued daily for a year, at the end of which time he began to use beef-tea add mutton-broth, but pain and vomiting invariably returned, if by any chance the injection was delayed. The strength of the injection was then reduced to two grains. This was continued another year, during which he gradually improved, and then was reduced to one grain, and which strength it was kept for six months, and then discontinued. On a few occasions atropine was substituted for the morphia, but without relief to the pain—a quarter of a grain at one time producing most alarming symptoms. The patient recovered and is now in perfect health, having gained nearly fifty pounds in weight.—*Med. Times and Gaz.*, July 7, 1866.

THE famine in the Orissa district continues with but little abatement.

FORTY to fifty thousand pounds of horse-meat are consumed in Paris every week.

Organic Cardiac—Disappearance of.

Dr. Lyons, after narrating the history of three cases in point, observes that they, in connection with other instances which have fallen under his observation, tend to establish fairly the following propositions:

1st. That under certain circumstances, endocardial murmurs

occurring in the course of rheumatic arthritis, and therefore presumably of organic origin, may disappear in the sequel of the case under treatment.

2d. That by reason of a modified state of system, induced by another disease, as that of typhus fever supervening or rheumatic arthritis, a cardiac murmur of presumably organic nature may finally disappear.

3d. That it is well established that the intensity of a murmur is no measure of the gravity of the valvular lesion, the persistence of even marked endocardial murmur in the sequel of rheumatic arthritis does not necessarily indicate incurable valvular disease.

4th. That it is highly expedient that all proper measures should be directed to promote the removal by liquefaction or absorption of the bead-like deposit, or incipient warty vegetations upon the valves; and that, so far as is practicable, rest to the heart from all unnecessary exertion and excitement should be enjoined.

Nitrate of Potash in the Cure of Intermittent Fever.

Dr. Sawyer, of Illinois, states that he has used this salt with great success in the cure of intermittent fever; even where quinine has failed. He administers it in ten grain doses, with $\frac{3}{4}$ ss. of brandy or water; or, if more agreeable to the patient, the powder may be placed on the tongue and allowed slowly to dissolve. He says: "I deem it a specific in ague, and have never failed to arrest the paroxysm, if uncomplicated. You will also find that the patients are less liable to relapse than when cured by quinine. In the cold stage, if administered in a full dose, and the patient be placed in bed and covered with blankets, he will in a few minutes experience considerable heat, which will be followed by copious perspiration, and very unpleasant feeling will vanish." The action of this medicine more closely resembles nature's mode of curing the disease in question than any other plan, as she cures by copious diaphoresis as well as diuresis; or in other words, by elimination.

Application of Collodion in Cholera.

Dr. Drouet, of La Grand-Montrougne, maintains that the external application of collodion will arrest the premonitory diarrhoea, and affords an excellent means of restoring warmth in confirmed cholera. He uses a mixture of collodion six parts, castor-oil one part, smeared on the abdomen, and covered with cotton wool. The evaporation of the ether first causes a sensation of cold, but in the course of a few minutes this is followed by a feeling of warmth, which increases in intensity, without, however, becoming at any time so intense as to cause distress. The application, he says, will certainly arrest the progress of the disease if used during the first hours of the attack, and provided it be not of an extremely violent nature. Last year, Dr. Drouet

cured seven cases of cholera where he was summoned within two hours after the commencement of the attack, and he also cured more than fifty cases of choleraic diarrhœa.

Business Notices and Acknowledgements.

NEW BOOKS—

The Diamond Dickens.—We have received the first volume of this new serial edition of Dickens' Works; and now as we open afresh *The Pickwick Papers*, what a flood of old time memories crowd upon us. If any jaded Doctor wants to be rejuvenated and made to forget his tired aches, and think for an hour that he is "a boy again," let him buy this Diamond Edition and call up all those immortal characters that will be forever associated with the name of "Boz." The venerable Pickwick: ah! there he is just as he ever appeared imparting lessons of grave wisdom to Sam Weller. And here's Dodson and Fogg; and the Rev. Mr. Stiggins; and Mrs. Weller—and there's Mr. Nupkins, and Mr. Nupkins' Court—but finally, here's the Fat Boy—lgorious Fat Boy!

The excellence of the Diamond Dickens consists in its compact size, beauty and distinctness of type and elegant wood-cut illustrations, the cheap price—only \$1 50 for each volume—the general beauty of the mechanical execution. Messrs. Ticknor & Fields propose to complete the series in twelve or thirteen volumes—one novel to the volume—and one to be issued each month. The Illustrated edition is sold for \$1 50 each volume, and a plain edition for \$1 25. We shall briefly notice hereafter the issue of each successive volume of the series, and in advance advise our readers to buy and enjoy.

For sale by R. W. Carroll & Co.

WOOD—Practice of Medicine. J. B. Lipincott & Co., Publishers.

DA COSTA—Inhalations. J. B. Lipincott & Co., Publishers.

HODGES—Practical Dissections. Henry C. Lea, Publisher.

~~W~~ANTED of the *Western Lancet*, Nos. V. and VIII. of the year 1846.

THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

MAY, 1867.

No. 5.

Original Communications.

ART I.—*A Case of Stricture of the Œsophagus.* By
GEORGE W. BROOKE, M. D., Ellsworth, Ohio.

ON the evening of August 4th, 1866, I was called to visit the son of Mr. H——, an intelligent youth of eleven years of age. The history of the case, as learned from the family, was about as follows :

Six days previous to my visit, the boy experienced some difficulty in swallowing, which increased rapidly, so that in a few hours it was impossible for him to swallow at all.

An "eclectic" physician was soon called ; a man of some notoriety among the class of people who prefer the "root and yard" practice.

The doctor immediately called into requisition his profound scientific attainments and professional skill, and was soon enabled to satisfy himself at least, if not the family, that he had discovered the cause of the malady.

The difficulty originated, he said, from eating apples that had been stung by locusts, and the boy's "*swallow*" had been paralyzed by the poisonous effects of the deposits made by the locusts.

Having satisfied himself as to the diagnosis, he resolutely entered upon the treatment, which consisted in the application of volatile liniment to the Pomum Adami, thinking no doubt that the poisonous matter was lodged here, as in Father Adam's time, —the administration of medicine internally every two or three hours, although the patient could not swallow even a drop of water.

In addition to this a mustard poultice was ordered somewhere below the supposed seat of difficulty, in order to draw the "swaller" down. This treatment was perseveringly continued, and the doctor was prompt and untiring in his attention for a number of days; finally, as he found his remedies were of no avail, he gave the friends to understand that the case would terminate fatally, and as he had done all that could be done for the patient, he had no objection to another physician being called if the family desired it. Hence my first visit. The doctor had left before I arrived, apparently well satisfied to have the patient die on my hands.

On examination of the case, I found the boy much emaciated; eyes inflamed, and a discharge of purulent matter from the internal surface of the lids; pulse 130 per minute and very feeble, with extreme prostration of strength.

He asked for water continually, and as soon as one cup-full was disposed of another was demanded. He would seize the cup as it was handed him with all his remaining strength, and take as much as he could into his mouth, and in making the attempt to swallow it would instantly be rejected. He thus kept up an incessant attempt at swallowing, and as invariably rejected every particle taken into the mouth.

This condition of things had been kept up for the last week, but the thirst had manifestly increased in severity during the last three days, so much so that he had not slept during that time, and he was now wild and furious in his demands for water.

When he could not get anyone to bring him drink, he would call for the wash basin and water to wash his hands, and immediately commence drinking from that; in short, nothing quieted him but this incessant and futile effort to quench his thirst.

The boy had enjoyed good health previous to this, and from all the facts gathered from the family, I was disposed to believe that the difficulty was produced by his efforts at drinking large draughts of cold water very rapidly, as there had been considerable strife between this boy and another member of the family, for some days before the difficulty occurred, as to who could drink the greatest amount of water in a given time, whenever they returned from the harvest field hot and thirsty.

The most pressing demand seemed to be to allay the wild excitement and inordinate thirst that was fast consuming the patient, and if possible, to get some liquid nutriment into the

stomach or else my "Eclectic" friend's opinion would be verified. From all the facts that could be obtained, I was satisfied that there was stricture of the œsophagus or some obstruction near the cardiac orifice of the stomach.

As soon as possible, I procured an ordinary gum catheter and a large sized syringe, and after considerable effort succeeded in introducing the catheter into the stomach. I injected into the stomach about one half pint of milk and water. As the instrument caused considerable uneasiness, and the stomach was not disposed to tolerate any more nutriment at this time,, the catheter was immediately withdrawn—the operation being repeated every three hours during the night.

By six o'clock on the following morning he became comparatively quiet, having slept a little, and expressed himself as feeling much relieved.

The amount of nutriment introduced was gradually increased at each operation, and the little fellow submitted to it with the utmost composure.

This course was continued for three days, the patient improving slightly in appearance and strength, the excessive thirst being measurably allayed, and an appetite manifested for a more substantial diet; yet at every attempt to swallow, the same impediment was encountered.

At this time I discovered, on examination of the chest, an emphysematous condition of the cellular tissue of the right side, extending from the sternum to the spinal column, and along the neck almost to the ear. The same condition existed along the neck of the opposite side.

In my absence, on the second day of my attendance, my vegetable friend called, and expressed great surprise that so unnatural a method should be resorted to to sustain the life of the patient.

He urged as an objection that it would induce "inflammation" that would ultimately result in "mortification!"

I do not think the doctor suffered any "mortification" of feelings in contrasting his modern Eclectic plan with my "inflammatory and unnatural" mode of treatment.

Being unable to create any dissatisfaction with the family about the manner of feeding the patient, he "changed his base," and remarked that if he had continued in charge of the patient, he designed going to the drug store to procure "*horns*" to run down the boy's throat. Failing to make a favorable impression by this very scientific declaration, our root man left in disgust.

In addition to milk and water, he was now allowed animal broths, essence of beef and other nutritious articles that could be introduced through the catheter.

His strength being now sufficiently restored to stand the operation, I determined to make the effort to overcome the stricture, and procured bougies of various sizes and made the attempt to introduce the smaller one.

There was considerable resistance to its introduction as I approached the stomach; this was finally overcome, but on attempting to remove it the Œsophagus closed around it firmly, so much so that it could not be removed without violence. In a short time the spasm relaxed, and the instrument was removed.

A cup of water was immediately handed him, and he succeeded with some difficulty in swallowing a small quantity.

The operation was continued at intervals for two days, the size of the instrument being gradually increased, the patient continually improving after each operation until he could swallow nearly as well as before the difficulty occurred.

He gradually improved in strength, the emphysematous condition subsided, and in a month's time he had so far improved as to return to this work, and at this time is well and swallows with ease.

ART. II.—*Cases of Malignant Pustule.* By W. K. HUGHES, M. D., Berlin Centre, Ohio.

MESSRS. EDITORS:—I send you the history of the following case of Malignant Pustule. Supposing from the rare appearance of that disease, it could not fail to interest your readers.

I was called, October 6th, 1866, to see a case of disease of the under lip—Miss P——, of an adjoining township. A young lady 18 years of age, of a good constitution, and who, previous to this attack, enjoyed excellent health. She was taken sick while absent from home, and had called in an Eclectic, who pronounced the case one of erysipelas, for which he ordered an application to

the lip of a cataplasm of pulverized flaxseed and lobelia, a "drawing poultice," as he called it, "to keep the disease out." He also ordered Homeopathic diet.

The patient becoming rapidly worse, she was taken to her home, four days from the commencement of the attack, when I was called to see her.

Found her symptoms as follows: Situated on the outer edge of the epithelium of the right side of the under lip was a vesicle. Slightly umbilicated, and surrounded by several other small ones, from each of which a thin sanious discharge was oozing. The lip was treble its natural thickness, very much indurated, and with the adjacent integument for several inches from the vesicles presented a dark purple color. Had high fever; pulse small, numbering 130 pulsations to the minute; tongue heavily coated and dry; bowels regular. Complained of occasional chillings, headache, soreness of throat, nausea and debility.

Pronounced the case one of Malignant Pustule. Ordered powders of Doveri 5 grs. each, one every four hours, also emollient poultice to lip, and advised as nourishing diet as patient could take.

Was summoned to patient in the night—messenger said she was dying. Upon my arrival learned that she had got up to arrange her bed, when she fell exhausted to the floor. Found her complaining of dizziness, palpitation of the heart, and in a profuse perspiration. Pulse irregular, small and more frequent; lip more swollen; other symptoms much the same. Gave her 5 grs. powders of camphor and carb. ammonia, alternately with the Doveri and quinine—also whisky, *ad libitum*.

October 7th.—Patient more comfortable, some fever; pulse numbering 124, and more regular; less dizziness; discharge from lip increased; some tendency to sloughing; other symptoms unchanged. Ordered milk-punch as a substituted for whisky, and yeast poultice to the lip, and continued other treatment.

October 8th.—Found patient looking pale and anæmic; said that she was in a perspiration most of the time; other symptoms unchanged. Discontinued camphor and ammonia; gave 25 drops mur. tinct. ferri. every four hours; other treatment continued.

October 9th.—General symptoms more favorable; free discharge from lip, also less tumefaction. Continued treatment.

October 10th.—Case improving. Treatment continued.

October 12th.—Patient much better. No change in treatment.

October 15th.—Found her general health improving; lip assuming more natural dimensions, though some tumefaction and induration continued. Ordered occasional doses of quinine and mur. tict. ferri., and application of camphorated tincture of iodine to lip.

Visited the patient a month later. Found her in the enjoyment of good health, though some unnatural fullness of the lip remaining.

I also send you the synopsis of the following case selected from the practice of my father (Dr. J. W. Hughes):

He was called, October 4th, 1850, to visit Mr. J—— A——, in consultation with Dr. A——. On arrival found a Pustule about four lines in diameter, situated in the epithelial portion of the lower lip, near the center, the lip generally hard and swollen. The patient, a muscular young man, about 20 years of age, had been digging potatoes a day or two previous, and supposed that he had conveyed the vesicating fluid from the potatoe bug to the lip. As he intended to go to church that afternoon, thought he could lessen its swollen appearance by squeezing the part, which, however, had a contrary effect.

Pronounced it Malignant Pustule. Ordered tonic treatment and yeast poultice to the part. Saw him next day; Pustule more indurated, and lip more swollen—with severe constitutional symptoms, fever, etc. As the case was progressing unfavorably, called on Dr. C——, as counsel. He pronounced it Malignant Erysipelas, and advised continuance of tonic and stimulant treatment, with continuance of yeast poultice.

Visited him the day following with Dr. C——; found symptoms increased in intensity; lips much more swollen, swelling extending down anterior portion of the neck, also over the region of the clavicles and pectoral muscles, the parts hard, and increased in temperature. At the suggestion of Dr. C——, cupping glasses were applied over the chest, and a small portion of blood extracted.

The next day found patient delirious, and evidently sinking rapidly. He died in the afternoon of the fifth or sixth day of the attack.

ART. III.—*A few Remarks upon the Use of Heroic Doses of Strychnia in Chronic Diarrhœa, during the Years 1862-63-64-65, in the United States Service.* By R. P. KENDALL, M. D., Hamilton, Ills.

IN June, 1862, the 15th Wisconsin left Island Ten, leaving behind them over two dozen bad cases of Chronic Diarrhœa. Sufficient hospital accommodations did not then exist at Columbus, Ky. and Cairo, Ills., and it was thought that they would do as well in good tents with sufficient attention. I had occasionally used strychnia before, both alone, and in combination with hypnotics and tonics, but in the usual small doses, with decidedly good results. I now commenced increasing the dose to $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, and in one case, $\frac{6}{7}$ of a grain. The strychnia was that furnished the United States by Reed, of Chicago. The following is the formula :

- R_x Strychia,
 Morph. sul., aa gr. $\frac{1}{4}$,
 Arg. Nit.,
 Belladonna Ext., aa gr. $\frac{1}{2}$,
 Gentian. Ext., q. s. pilulam., m, f. pil.
- R_x Strychnia, gr. ss.,
 Morph. sul., gr. $\frac{1}{4}$,
 Arg. Nit., ss.,
 Belladonna Ext., gr. $\frac{1}{2}$, m. f. pil.
- R_x Strychnia, gr. $\frac{3}{4}$,
 Morph. Sulph.,
 Belladonna Ext., aa gr. $\frac{1}{2}$, m. f. pil.

The specific effects of the strychnia did not manifest itself until half grain doses were reached. The larger doses were never given oftener than once a day (24 hours).

In the case where $\frac{6}{7}$ were given, the patients had no discharge for twelve hours. The specific effects were quite violent for two hours — commencing in twenty minutes after exhibition. The patients were advised of the nature of the pills before commencing their use. The result was very decidedly good in every case but one. He died at Columbus, three months after. The time for establishing convalescence was variable. In the case of the patient who took $\frac{6}{7}$, convalescence was established within five days. In nearly all the cases, after cure commenced, recourse was had to the smaller doses, once every six, eight or twelve hours, accord-

ing to the requirements of the case. The variations in the formula were made with a view to determine their comparative value. All were satisfactory: but those containing arg. nit. were considered more decided and permanent in effect.

The combination of morphia and Belladonna can be carried to an extremely large amount of each, producing a powerfully tranquilizing effect, without even, in some cases, causing sleep.

The strychnia was also used in substance to the extent of $\frac{1}{4}$ and $\frac{1}{8}$ grain doses while I was surgeon of the 11th U. S. C. I., at Memphis, in 1864-65. The effect was good, but not so permanent as the pill formula.

I will here relate a singular phenomenon. Nearly all cases of Chronic Diarrhoea amongst the Southern blacks terminated, after a lingering illness, fatally. Nearly all cases among those from Missouri, Kentucky and Northern Tennessee terminated in complete cure. * * * * * I have never seen a case of cholera since I was a student in 1862-3, but propose to use some such treatment as already mentioned should it visit this vicinity. Discussion in reference to changes in the ganglionic system by disease and medication, I forbear. I only state a few facts.

ART. IV.—*Fracture of the Skull, with Loss of Brain.*

By FRANCIS H. MILLIGAN, Wabasha, Minn.

I WAS called six miles in the country, August 2nd, 1866, to see a child, 7 years of age, who had received an injury from being thrown from a reaper. I found that the child's skull had a Compound Fracture. The scalp wound was about three inches long, anterior to the junction of the frontal, with left parietal. Cerebral substance was oozing from the wound. Child perfectly calm; complained of no pain. Upon examination, the extent of the fracture was found to involve the frontal bone, depressing the bone about an inch above the left external angular process, extending backwards to the coronal suture, thence along temporal fossa, anteriorly to the place of beginning, forming a triangular fracture. The fractured piece being about an inch and a half long on either edge; the bone on the posterior edge was driven

into the substance of the brain, membranes ruptured and at least an ounce of cerebral matter was taken away and oozed out. While removing the almost detached bone, I made an incision downwards, transversely across the wound in the scalp, sufficiently large to detach the fractured part of the bone. I wounded the middle temporal artery, applied torsion, and it soon stopped bleeding. I removed the bone trimmed of cerebral matter, and drew the wound together, applying three sutures; gave an unfavorable prognosis.

August 3rd.—Pulse 130; can be roused up by shaking; breathing rather heavy; gave one grain hyd. chlo. mit. every two hours; applied cold water to the head.

August 4th.—Pulse 118; rather stupid; wakes up when shook or spoken to; left eye swollen shut; continued mercury and cold applications.

August 5th.—Pulse 108; irritability of stomach; lay stupid; breathing thick; swelling in left eye going down; pupils dilated; continued mercury and cold applications; diet barley water; ordered injections of warm water and vinegar until tympanitis removed.

August 6th.—Pulse 100; less stupor; tympanitis removed; mouth sore; wound and scalp less swollen; removed suture for fear of erysipelas; stomach less irritable; discontinued mercury; continued barley water and cold to the head.

August 7th.—Pulse 100; face less anxious; wound in scalp healing some; protrusion over the seat of fracture; stomach retains food: less inclination to stupor; mouth very sore from the effects of mercury.

August 8th.—Pulse natural; mouth troublesome, retains food well; appetite good; have to use caution in regard to the diet of my patient.

August 9th.—Natural pulse; countenance lively; bowels move without injection; pulsation over seat of fracture; gave weak beef tea.

August 15th.—Sitting up in bed; wound granulating; bowels regular.

August 18th.—Patient running around the room; scalp drawn apart so the skull bone is exposed; edge of wound granulating finely.

August 30th.—Child been running around the house and out of doors since the 18th; all the scalp wound is healed, with the ex-

ception of about $\frac{3}{4}$ by $\frac{1}{4}$ of an inch, the edges of which are granulating finely; patient discharged.

Remarks.

The above case is remarkable for the following reasons:

1st.—The rupture of the membranes of the brain, and the loss of the meningeal substance; the almost entire absence of the inflammatory action of the brain, and its meninges, and good effects of the mercurial treatment, the rapid convalescence. Six days after the injury, the patient was running about the house, and twenty-eight days after the injury was received, the patient was discharged. About four months after the reception of the injury, a small spicula of the external table of the bone came out of a small sinus, when the wound in the scalp rapidly healed, leaving a fine and healthy cicatrix.

Medical Societies.

DUBLIN OBSTETRICAL SOCIETY.

DR. SAYER, *President.*

On Rigid Perineum. By DR. BEATTY.

The management of the last part of the second stage of labor is often attended with difficulties that demand the utmost care, and are productive of serious anxieties in the mind of the individual charged with the conduct of the case. This remark applies more particularly to the phenomena of parturition in primipara; though at times circumstances of a similar nature are found to create embarrassment in those who have already borne a child at the full period.

All persons who have been any time engaged in the practice of midwifery are well acquainted with the tantalizing torments of a rigid perineum. Hour after hour the attendant sits by the bedside; every pain distending the soft parts seems destined to be the last; the structures, strained to the utmost, seem incapable of further resistance, yet they do resist, until finally a rent at the

fourchette takes place, most commonly to a small extent, sometimes to a more considerable one, and the head of the child escapes from the pelvis. In many cases of moderate rigidity, the delivery is accomplished without any rent; but in the more obstinate cases, the greatest amount of care, exercised by the most skilful hand, will fail to prevent some amount of laceration. A knowledge of this fact should lead us to be very cautious in dealing with the reputation of the attendant who has the misfortune of having such a case under his charge. Every man in practice is likely to encounter such cases, and in some of them no man can prevent the accident. In speaking of this subject, Dr. Denman makes the following remarks: "That some degrees of laceration should sometimes occur will not be surprising, if we consider the great change and violence which all those parts sustain at the time when the head of the child is passing through them, or that when a laceration begins it should extend through a part rendered at that time extremely thin, and suffering an equal degree of force. When the perineum is indisposed to distend, or if when distended it cannot permit the head of the child to pass with facility,, the anterior part of the rectum is dragged out, and gives to the perineum a temporary elongation. The true perineum, and the temporary, as it may be called, thus forming an equal uninterrupted space; if a laceration should commence at any part it might, with the greatest care, extend through the whole.

"That kind of laceration of the perineum which commences at the anterior edge, and runs obliquely or directly backwards, is alluded to in every dissertation on this subject. But there have been many instances of another kind of laceration, which may be called a bursting or perforation of the perineum at that part which is connected with the circumference of the anus, when the anterior part is preserved, and through such perforation, it is said, children have sometimes been expelled."

A remarkable case of this kind occurred in the practice of the late Dr. Beatty, in the year 1808, from whose case book I now quote: "October 17th, 1808.—I saw this patient in labor with her first child, about seven o'clock in the evening, after having had slight pains during the day with very little effect on the os uteri. I saw her again 10½ p.m., when the progress of labor appeared to be slow. While I remained with her the pains became more frequent, and in a very short time the head rested on the perineum; but what appeared strange to me was, that though the

pains continued to be very severe, and the tumor caused by the head distending the perineum to increase, there was not the slightest dilation of the os externum beyond its original size. In about an hour the head of the child was entirely expelled from the bony pelvis, and the external parts formed a bag or cap for it, which was forcibly distended at every pain. My fears of a laceration now increased so much that I thought it necessary to explain them to an intelligent woman who was with us, and to make her examine the parts, that she might be convinced of the impossibility of preventing it; at the same time I used lubricants to satisfy the friends that I would do everything in my power for my patient. At length I found the perineum begin to chip or crack at the prominent part, and soon after give away to such an extent that the child was passed through the aperture, though it did not communicate with the os externum. The placenta was delivered through the same passage; and when I told the lady that she had had the most painful labor I had ever met with, she said she expected such, from a contraction which had taken place in those parts when she was young, after a fever, a contraction which had almost prohibited coition,

"The os externum had left an oval mark on the child's head, which I measured, and found to be $2\frac{1}{2}$ by $1\frac{3}{4}$ inches, and which was the full extent to which the vulva would yield.

October 28th.—This day examined the state of the parts, and found both the sphincters of vagina and anus entire and undisturbed, and the rectum uninjured. The patient was able to walk a little through her room. The wound was in a healthy state, and likely to heal."

But such an accident as this is not the worst that occurs under similar circumstances. A more frequent result is the extension of the rent, commencing in the middle and most prominent part of the distended perineum, and its prolongation through the sphincter ani behind, and the vulva before, thus throwing the two passages into one, and entailing the misery of uncontrolled defecation upon the unfortunate patient.

As I have already said, no amount of the most careful attention on the part of the medical attendant can prevent some of these extensive lacerations at times. The split will begin either in front, and run back to the anus or into it; or it may begin in the middle and embrace both sphincters before it stops; or the head may come through the rent in the middle, and leave both

sphincters untorn. In whichever of these ways the struggle terminates the result is very calamitous, and entails a vast amount of suffering on the patient and of trouble to the attendant in whose hands the accident has occurred, to whom the patient and her friends will attribute all the blame. These cases are, in the present day, not so lamentable as they were formerly, for plastic surgery and wire sutures enable us now to remedy the evils in a manner that would astonish our fore-fathers. I look back with regret to the case of a most interesting, very handsome patient, twenty-five years of age, the wife of a cavalry officer, who passed through my hands thirty years ago. I was engaged to attend her with her second child, and when her labor began I was surprised to find the perineum split into the rectum. I learned that this had happened in her first confinement, which took place before she came to this country, and, as usual, the strongest invectives were heaped upon the head of the unfortunate doctor who had attended her. Her second labor, I need not say was easy enough, and I saw her for a long time after her recovery. But her life was miserable; she could not venture into society, for she was unable to control the passage of feces or of flatus from the bowels, and she never knew when one or other would escape. If I then knew and could have done what I now know and can do, I would have been able to restore that young creature to health and comfort, and to that position in society which she was intended to adorn. I think it is extremely probable that cases like this are more numerous than is generally believed. Until very recently, it was too well-known that nothing could be done to relieve them, and unfortunate sufferers bore their misery in silence, not wishing, naturally enough, to make known their infirmity when of such a disgusting and incurable nature. Since the means of remedying the evil have been devised and successfully practiced, the number of cases that seek relief has been wonderfully increased; and in the last edition of Mr. Baker Brown's work on the surgical diseases of women, he gives the details of no less than 112 cases in which he has operated. When such a vast number has fallen to the lot of one surgeon, we may have some idea of the multitude that must be scattered over the empire.

Seeing, then, that extensive laceration of the perineum is of sufficiently frequent occurrence to arrest the attention; and knowing, as we do, that at times the most skilful care, as at

present practiced, is impotent to avert the calamity, it behooves us to enquire more particularly into the nature of the cases, and ascertain the cause of the accident, with the view of discovering some means of preventing it, more effectual than those in ordinary use. When we look back on our own experience, and read accounts of such cases in authors who have treated the subject, we find that the conditions of the parts for some time preceeding the rupture is as follows: The head of the child has escaped from all bony resistance, and is well out of the pelvis, carrying the perineum and anterior wall of the rectum before it, these parts forming a cap or bag in which the head lies. The vulva, however, remains undilated, the efforts of the uterus seem unavailing to cause any extension of that opening, and the head, which in the earlier stage of this part of the process had been driven against it, has now, by the yielding of the perineum, sunk below its level; and every pain drives it lower, so that all the force is expended in an endeavor to tear through the bag in which the head is embarcled. The soft parts finally give way, often in the middle, most prominent part, and the rupture is effected. The term rigid perineum is, in fact, hardly applicable to these cases; it is the vulva that is rigid, and its resistance that causes the mischief. It is unyielding of the vulva that is the immediate cause of the danger.

Let us now turn to nature's book, and enquire what means she adopts to escape from the difficulty in cases somewhat less exaggerated than those I have just described. In minor degrees of rigid vulva the head is enabled to take a more forward course, a greater amount of it is permitted to emerge at each pain, but the tissues will not or cannot yield sufficiently to permit the head to pass through; the opening must be enlarged before delivery takes place, and accordingly in a vast number of such cases, it is notorious that some fibres of the fourchette give way, and immediately the head is expelled. A great deal may be done by carefully supporting the perineum to prevent this rent going too far, but no amount of care will prevent some laceration in many of these cases. Nature I believe to be a very good doctor, and often accomplishes her ends better than the best of us, and moreover, often points out to us the right way to help her out of difficulties, if we study her proceedings, and are not too proud or too timid to imitate her.

The following case will show what can be done by taking nature as a guide:

On the 14th day of November, 1866, a remarkably fine, well-made lady, twenty-five years of age, and just nine months married, took labor at 2 o'clock, a. m. I was sent for, and saw her at 8 o'clock, a. m.; at which time the head of the child was well down through the pelvis and nearly rested on the perineum. The head was covered by the still undilated uterus, the os uteri being the size of a two-shilling piece. The vulva was very small, but did not seem rigid. The pains were natural, the os slowly dilated under their influence, and in another hour, at 9 a. m., it was fully open, and the head distended the perineum at every pain. I looked forward to a speedy delivery, and took my place by the bedside. The head came lower and lower, pushing the distended perineum before it, and at each pain a small portion of a very hairy scalp was protruded through the vulva. In this position I remained from 9 a. m. to 2 p. m., just five hours, during which time the pains were increasing and more violent, distending the perineum to a frightful extent. I wished to give her chloroform, but she refused to have it. The perineum seemed like a bag into which the head was driven with every intention to tear through it. The soft parts over the head from the edge of the anus to the fourchette, measured nearly $3\frac{1}{2}$ inches; the anus was distended at every pain, showing fully an inch and half of the interior of the rectum. During the whole of this time there was no further dilation of the vulva, and no advance of the head forward; the whole force of the uterus seemed to be directed toward driving the head either through the perineum or through the rectum. It became quite manifest that one or other of these must occur, for there did not appear to be the least chance of the head escaping through the vulva. When matters were in this state at the end of five hours most desperate struggle, I argued with myself, that if nature so often puts an end to such difficulty by the yielding of the fourchette and anterior fibres of the perineum, the best way to rescue my patient from the frightful laceration that was so impending would be to imitate nature, and enlarge the the opening of the vulva. Accordingly, seizing the moment when a furious pain, that almost drove the head through everything had subsided, I introduced one blade of a probe-pointed scissors between the perineum and the head, and divided an inch of the soft parts. The very next pain passed the head out through the

vulva with the greatest ease, without a single fibre being torn, or the slightest extension of the opening I had made. The recovery was perfect. No treatment beyond ordinary washing was adopted, for the wound, which healed spontaneously, so that the nurse in attendance remarked to me some days after, that I ought to have taken measures to prevent it healing so well, for there would be the same trouble at her next labor. By this simple imitation of what nature so often does I terminated a most difficult and perilous labor without the slightest ill result to the patient. I find, in two recent authors, allusions to an operation similar to that which I have just described. Dr. Hall Davis, in his very excellent work,* says: "In organic or structural rigidities due to hard cicatrices from former sloughings, sometimes depending upon plastic operations extended too far forward to admit of the exit of the head, these means (chloroform, warm fomentations, unctuous applications, and warm water enemata) may fail. In two cases, last year under my care, such cicatrices were the obstacles, and not yielding to chloroform, in one a rent was inevitable, which, however, left an adequate perineum behind. In the other case, rupture being expected every moment, I summoned the surgeon who had operated, and suggested his making a slight bilateral incision downward, and outward to the extent of a quarter of an inch. This sufficed, and the child, living, immediately passed out without any extension of the incision, which had healed in two days afterward; thus the perineum was saved." In the last edition of the highly valuable work of Mr. Baker Brown,† he observes: In cases where rupture seems inevitable during delivery, Dr. Blundell recommended and practiced the plan of relieving the tension of the perineum by a slight lateral or oblique incision during a pain, thus actually producing a laceration, but one of no moment, if it serve as intended, to prevent the tear along the meridian line, where it naturally takes place, and proves of serious consequence. This plan I concur with, and would practice when chloroform failed or could not be administered. MM. Paul Dubois and Chailly-Honore advocate an oblique incision of the vulva toward the perineum about the third of an inch long, either to prevent altogether the rupture of that region when much distended, or when the laceration is unavoidable, to favor it at a spot where it may produce the least mischief. The writers sup-

*Parturition and its Difficulties.—p. 13. 1865.

†Surgical Diseases of Women.—p. 10. 1866.

port their views by the history of successful cases." Since reading the above quotation I have searched through Dr. Blundell's work, and not finding any allusions to the operation in question, I inquired from Mr. Baker Brown, and he has kindly informed me, that he attended Dr. Blundell's lectures, and heard him advocate the proceeding.

I am quite sure that none of the members of the society will imagine that I undervalue the well known means so advantageously employed to induce relaxation of the perineum and vulva, such as bleeding, antimony, chloroform, warm fomentations, and lubricants, or the protection to be obtained by careful support of the perineum; my object of this communication is to impress upon them, that in extreme cases, such as I have described, after all ordinary means have failed, and frightful injury is impending, a simple operation in imitation of what nature does will avert the danger, and place the patient and her off-spring in safety.—12th January, 1867.

CINCINNATI ACADEMY OF MEDICINE.

J. L. Vattier, M. D., *President.*

G. S. Courtright, M. D., *Secretary*

DR. J. S. UNZICKER reported the following case: A lady, aged 35, of nervous temperament, brought on sudden suppression of the menses by a fit of rage, on a Friday afternoon. Saturday and Sunday following she complained of headache, pain in the region of the uterus, with constipation of the bowels. I saw the patient on Monday following; says she had taken some salts and senna the night before, which had opened freely; pulse 85, quick and hard; severe pain in the abdomen; less so in the back; oppressed respiration; headache, nausea and vomiting; great thirst; tongue coated; surface of the body hot; feet cold; venesection 3 viii; warm applications to the feet; camphor and hyosciamus internally.

Tuesday.—Pain increased; pulse 110, small; laborious respiration; nausea and vomiting returning at times; no stools; hot fomentations of hops and cammomile to abdomen; sinapisms to feet; enema of castor oil and turpentine; cups to chest; opium. denarcoticum and calomel each 2 grs. every two hours.

Wednesday.—Pain and dyspnœa increased; pulse 120, feeble; complains of much pain at the region of the heart, with a feeling as if she had to suffocate; spits up a good deal of phlegm, mixed with streaks of blood. Ether and laudanum in strong doses were given every two hours, with enemas of assafœtida in strong infusion of matricaria; sinapisms to feet, thighs and chest.

4 P. M.—No relief, nor passage from the bowels. *R* Infus. sennæ comp., q. s.

Thursday morning.—Feels quite relieved; has very little fever; pulse 90, small; bowels moved freely; some thirst, but no nausea; skin rather dry. *R* Mixt spir. mindereri.

1 P. M.—Was sent for in haste. Pains and dyspnœa had suddenly returned half an hour ago with the greatest intensity; patient presses the region of her heart with both hands, expressing a feeling as if her heart would break through the walls of her chest; expectorates much yellow and frothy sputa, streaked with blood. Now for the first time, petechial spots from the size of a pin head to that of a millet seed are seen about neck and chest. Reapply sinapisms, and give enema of opium and assafœtida.

5 P. M.—Patient had died an hour ago. Body and extremities are now completely covered with small petechial spots.

N. B.—I could not account for the petechial eruption, as patient had always enjoyed good health and been of robust constitution, and had it not been for the following circumstances, the case might never have been discovered.

On the day after the funeral, the husband took sick, and the following night after, small-pox made its appearance. Showing that what appeared petechiæ in the case of the wife was in reality small pox of a very dark blood red color, exactly like petechiæ, and the breaking out of which was interfered by the disturbance of the system caused by the sudden suppression of the catamenia.

DR. E. B. STEVENS reported the following case in which a toxic effect appeared to follow the local application of *chromic acid*. A lady had been under my care for several months, with very abundant granulations within the cervix uteri. Her general health is perfectly good; there is no apparent venereal taint or evidence of any constitutional vice. The cervix is very considerably blocked up with these granulations, extending out of the os, and spreading upon the outer surface of the os uteri, to the size of a fungoid button, one and a half inches in diameter. I had tried a variety of escharotics, finally resorting to the actual cautery, two or

three thorough application without materially reducing the size of the growth. A few days ago, I concluded to try a strong solution of chromic acid—the solution was extemporized from the chrystals, as used, but its strength was nearly saturated. The surface of the growth, as looking out into the vagina, was thoroughly painted, and, as it dried partially, a pledget of cotton was placed over the surface, and the speculum withdrawn. The patient expressed no discomfort, and I very shortly afterward left her room. Within about an hour, I was summoned to my patient, and found her terribly prostrated, presenting pretty much the condition of a person suffering from an excessive dose of *veratum viride*. Constant retching to vomit, cold surface, feeble pulse, and an anxious expression of countenance; thus far, however, she had suffered but little pain. These extreme symptoms were relieved with stimulants, morphia, and mustard applications. Then she began to have severe burning uterine pain—very soon prevailing the whole abdominal region—which continued for several hours. The prostration with retching continued for about two or three hours. Two days afterward, I found the chromic acid had produced a moderate—not very deep slough—not by any means thoroughly destructive of the granulations. The symptoms would seem to indicate that the acid might have been absorbed, but this can scarcely be as the escharotic effect was quite prompt, and we generally suppose that the local effect of such a remedy and its absorption are inversely related.

DR. THOMAS WOOD said that he had used chromic acid for topical application in the uterine structures, especially in the local treatment of cancer, and had occasionally seen results similar to those observed in this case by Dr. Stevens; he regarded such effect as owing to the *shock* of the local application.

Commercial Hospital.

Reported by DR. JAMES T. WHITTAKER, Resident Physician.

Tumor of the Brain. From the records of the Medical Ward of the Commercial Hospital during the service of Dr. J. A. MURPHY, of the Medical Staff. The history antecedent to admission kindly furnished by Prof. ROBERTS BARTHOLOW, of the Staff of the Hospital of the Good Samaritan.

T—— F——, age 45, Ireland, coachman, admitted to the Hospital of the Good Samaritan during the month of October, 1866. His condition on admission was as follows:

He had violent pains throughout the distribution of the left trigeminus; the left eye was congested and suffused, and the left side of the face was swelled, reddened and painful to the touch. His intellectual acts were normally performed; he had no disorder of locomotion, and his vegetative functions were entirely unaffected.

The case seemed to be one of *Tic Douloureux*. In the second week after his admission, some new symptoms appeared; he was, after a few hours of stupor, suddenly attacked with violent convulsions and maniacal excitement, during which he attempted to bite and otherwise injure all who approached him. This state of excitement was accompanied with heat of the surface and hyperæsthesia, especially of the right side of the body and right inferior extremities. All the remedies administered failed to quiet him except the inhalation of chloroform or large doses of bromide of potassium.

After this acute attack, it was observed that his pupils were dilated and that his perception of light was much diminished. He had then frequent attacks of epistaxis from the left nostril and the left eye and left side of the face continued more or less swelled and exceedingly sensitive.

At irregular intervals, during the time he remained in the Hospital, he had epileptiform convulsions. The pupil remained dilated and motionless, and the perception of light was at length completely lost, although in answer to my inquiries, he always replied that he saw at "7 o'clock in the morning."

His speech became thick and stuttering, partly in consequence, it was supposed, of inflammatory exudations and changes in the medulla oblongata, and partly in consequence of the swollen condition of his lips on the left side. His intellect, never very bright, became cloudy, and he grew childish and silly. Prof. Seeley made an ophthalmoscopic examination of his eyes, but, although in consequence of his restlessness, this was not very satisfactory; he ascertained that the retinæ were much congested and altered.

My own opinion was that the symptoms were due to chronic inflammatory trouble, with exudation involving that portion of the brain about the origin of the trigeminus of the left side. The acute attack which occurred soon after his admission to the Hospital seemed to be coincident with an inflammation of the meninges radiating from the point above named to the meninges of the brain and upper part of the cord.

Admitted to the Commercial Hospital April 4th, 1867. Mental condition entirely precludes any reliable history.

Present Condition.—Presents a very feeble, emaciated appearance, evidently suffering from a chronic disorder by the ulcerations over sacrum, trochanters and scapulæ. Intellect clouded; right pupil dilated, and insensible to light; conjunctivitis and keratitis in left eye; abrasion on upper lip, about two inches in length; tongue covered in center with dark coat, clean at tip and edge; some sordes; pulse 84, weak; heart sounds normal; no cough; lungs expand well; everywhere clear on percussion, with good vesicular rale. Abdomen flaccid, sunken, veins over it much enlarged. Unable to detect whether anæsthesia or hyperæsthesia exists, on account of condition of mind; great jactitation. Ordered Potassi Bromidi, gr. XXX, instantan— to be repeated in five hours if no effect is evinced, also same quantity at night. An application to affected eye, Morph. Sulph., Atropiæ Sulph., aa gr. ij, Anylo Glycerin ʒi M. S. To be dropped into the eye twice daily, To have the abraded surface on lip dressed with adhesive plaster, the bed sores with Emplastrum Saponis, and pressure relieved.

April 7th.—Condition unchanged in any respect. History obtained from wife, discloses that these effects are the result of a Coup de Soleil last Summer. Failure of mind has been gradual, but increasing; patient recognizes the sound of his wife's voice; is wholly unable to see. Ophthalmoscopic examination by Prof.

E. Williams revealed an enlarged and tortuous condition of the retinae veins, and blurred appearance of the optic papilla, with structural retinal changes, which he attributed to the presence of a tumor somewhere at the base of the brain, interfering with the venous circulation. Bromide of Potassium discontinued; pulse continuing feeble; ordered Beef Essence, $\mathfrak{z}\text{i}$, every three hours; Wine whey $\mathfrak{z}\text{i}$ every two hours; milk freely.

April 7th.—Continues in the same condition; answers somewhat rationally when questioned very loudly; is not quite so restless, and does not cry out so much; pulse still feeble; tongue dry, brown; skin harsh; pupil continues dilated; limbs freely moved; bowels constipated. Ordered Turpentine enema; continue applications to eye and face.

April 12th.—No change whatever apparent; injections procured evacuations; seems to eat well; arouses suddenly from a semi-comatose condition, and yells loudly. placing his hand upon the head; pulse continues very feeble, stimulants and nutrients continued.

April 14th.—Yesterday condition was unaltered from previous record in any particular; pulse feeble; general deportment the same. To day at 10 A.M. there ensued greater mental disturbance; hearing more impaired; pulse became thready, almost imperceptible; beef essence and milk refused. At 3 P.M. a marked intermission in respiration observed of six seconds duration, which continued till 5 P.M., when intervals of breathings and absolute cessation were increased to ten seconds. At 8 P.M. to eighteen; deglutition likewise impaired; dysphagia complete; is wholly unconscious; respiration becoming stertorous; chest to be elevated, and all further attempts at medicine ceased.

April 15th.—Died at 9 A.M.

Autopsy

By Prof. WILLIAM H. TAYLOR, Palthologist Commercial Hospital.

Seven hours after death, firm post mortem rigidity; contusion one and one half inches long over left supra-orbital ridge; dry herpetic eruption on upper lip; bed sore covering entire sacrum, and one over each trochanter; more than usual contraction of fingers. Over right half of frontal bone recently extravasated blood in connective tissue; Dura Mater firmly adherent to Calvarium; Membranes much engorged with blood; increased number of Puncta Vasculosa in substance of brain; two oz.

colorless serum in lateral ventricles, which were expanded in transverse diameter; effusion into infundibulum, compressing optic commissure; small amount of serum in middle fossa; anterior portion of right hemisphere of cerebellum firmly adherent to cranium; lying anteriorly to and below the right hemisphere a firm nodulated tumor, which was enveloped in a distinct capsule attached to, but easily separated from, the membranes; Tumor $4\frac{1}{2}$ and $3\frac{1}{2}$ inches in its circumferences; encephaloid in structure, consisting, under microscope, of cells and exudation corpuscles enclosed in a fibrous stroma.

Tumor had compressed the right half of the Medulla Oblongata toward the median line, implicating the right pneumogastric nerve.

Embedded in the substance of the cerebrum, above and behind the Tumor, was a pyriform cyst, 2 inches in its long diameter, $1\frac{1}{2}$ inches in short, the apex of which extended into the Crus Cerebri. Surrounding brain substance of semi-fluid consistence.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

How to Examine and Syringe the External Ear. By
A. D. WILLIAMS, Cincinnati.

THE reason why we cannot see down to the bottom of the Ear, is because we "always stand in our own light." When our eyes are placed in a proper position for looking into the Ear, our heads cut off or prevent the entrance of light from without. Hence, the first thing to be done in order that we may examine the external meatus, is to illuminate it. The principle by which we light it up is precisely the same as in the illumination of the Eye, that we may see its fundus. As to the source of light, we may use either the direct sun-light, common gas-light, coal oil lamp or the light from a small window that looks out, not against another building, but into free space, toward the clouds or sky. Such a light affords perhaps the best light, but either of the other three sources may be employed very well, The direct sun light

makes the Ear feel quite warm when thus concentrated upon it, and if used for a considerable time, might even burn it. The gas or lamp-light makes the membrana tympani look *redder* than natural, and might even lead to deception from this fact.

Before whatever source of light we choose to use, or have at our command, we place the patient with the Ear to be examined turned away from it. His head is inclined a little forward and toward the light. A speculum (Gruber's or Toynbee's) is introduced *gently* (in all manipulations with the Ear, *gentleness* is the *first law*) down as far as it will go into the meatus without pain. The speculum corresponding exactly with that of the meatus. It is now held in position by the left hand. In the right hand the surgeon takes a mirror (3 inches in diameter and 6 inches focus), made expressly for illuminating the Ear, and throws the light through the speculum into the bottom of the aural canal. In the center of the mirror is a little hole, similar to that in the ophthalmoscope. Placing his eye behind the mirror and over this small opening in the same, the operator looks through it, down to the bottom of the Ear, just as we look into the Eye with the ophthalmoscope. In this way the whole outer Ear is thoroughly lighted up, and we are thus enabled to see and examine all its natural structures most minutely and most perfectly. If we wish we may magnify them simply by holding a convex glass, no. 3 or 4, before the speculum; but this is rarely necessary, even for the most perfect examination. It enables us to see and judge of things deep down a little better than without it.

The old method of examining the Ear by letting the sun-light fall directly into the speculum was rather impracticable and quite unsatisfactory, for the simple reason that its natural structures could not always be distinctly seen, besides the sun-light was not at all times to be had.

The above described method of illumination by means of the mirror, first introduced and practiced by Dr. Troelch of Wurtemberg, is very far superior to it in convenience and distinctness, and should be adopted by every one who for any purpose examines the Ear. I will not just here describe in detail what is to be seen in the external meatus. I take it for granted that everyone knows what is to be found there, and can easily distinguish what is pathological and what is natural.

I therefore pass to the second part of the subject—

How to Syringe the Ear.

The more common anything is the more it deserves to be noticed. This is my only apology for introducing such a common topic.

The meatus auditorius externus is the way or tube that leads down to the bottom of the external Ear, that is, down to the membrana tympani, which is the partition wall between the outer and middle Ears. Its general course is inward, a little downward and forward, but not in a straight line. There are several minor deviations from a straight line, but only one that deserves special mention in connection with syringing the Ear. Practically considered, the anterior and posterior walls may be regarded as straight; the upper makes perhaps a *very* small gradual curve with the concavity looking downward. The lower wall makes a decided angle, a little beyond its middle, with the angular point projecting into the meatus from below, and corresponding, to some extent, with the general concavity of the upper wall. The direction of the inner portion of the lower wall is such that it makes with the membrana tympani quite a pocket at the bottom and lower portion of the meatus. In order that a stream of water may reach thoroughly the bottom of the Ear, it is necessary first that the way that leads to it be straightened as far as possible. For this purpose take hold of the auriculum, or external portion of the Ear and draw it pretty firmly directly upward, and in this way the upper and lower wall are brought as nearly as possible into straight lines. Holding the Ear in this position with the left hand, take the syringe in the right and inject the water *gently*, yet with a *little* force, into the Ear, directing the point, which should be introduced a little into the external orifice of the meatus, inward, a little downward and forward in the general direction of the tube. Of course a cup must be pressed against the face, beneath the tragus, in order to catch the water as it escapes. It is recommended to have two cups, one to contain the clean water to be injected, and the other to catch it. The best syringe for the Ear that I have ever seen, is what is known as the Ear Syringe, made of gatta percha, which is very light and very convenient, as well as durable. The syringing operation is to be continued till its object is attained, which is always *cleanliness*.

Better use simple warm water, without any soap, which is supposed to irritate considerably. It may be repeated as often as necessary for the attainment of the object in view. Some persons

are not affected at all by syringing the Ear, while others, who are in perfect health and who are anything else but *nervous*, faint from it.

It sometimes has a very peculiar effect upon the nervous system. In consequence of syringing the Ear, stout, robust men reel and stagger like drunken men, and sometimes even fall flat upon the floor. If ladies should tumble over in this way, and from such a cause, inexperienced persons might be swift to call them *hysterical*. But the imputation would be false, for there are no hysterics about it. Then be careful how you make such charges against women, for men some times faint from the same cause.

We have thus learned *how* to examine, *how* to syringe, and the next thing to learn is *why* we syringe the Ear, or *what* are the indications for it. This will be our subject at another time.

Cases in Ophthalmology.

1st. *Intermittent Strabismus.* H. B., aet. 18, of stout frame, light complexion and generally good health, applied for treatment November 30th, 1868. He had always had good eyes till in June of 1866, when he first began to experience pain in the eyes and forehead on fixing near objects, as in reading and writing, which interfered very much with his studies in a theological seminary. Soon after this a vacation of two months was given, when his eyes recovered. On resuming his studies, however, the pain and watering of the eyes soon returned, and at times, when looking in certain directions, he saw double. At the first examination I found that in attempting to read, he fixed perfectly with both eyes, but in a few minutes the left would converge strongly, producing diplopia and such confusion that he was obliged to desist. He could only read ten or fifteen minutes without resting the eyes. As he had slight chronic conjunctivitis, I ordered a weak astringent collyrium and convex glasses, no. 30, for reading and writing. With these he was enabled at first to read half an hour, and afterward longer without trouble; but the pain and diplopia would finally return as before. He called again in two weeks, when I found that if he fixed a finger at 12 or 18 inches for a few minutes steadily, the left eye would suddenly turn in. Even with his glasses binocular vision was only attainable for a short time, after which the convergent Strabismus would show itself. If I forced him to fix with the left eye, the right converged and vice versa. When looking vaguely, and at a distance, there was no deviation of either axis of vision.

January 8th, 1867, I performed the usual operation of tenotomy on the internal rectus of the left eye. Immediately afterward the movements of this eye inward were much limited, and the patient could easily fix with both eyes.

January 22nd.—As there is now periodical convergence of the right eye on persistent fixation, the same operation was practiced on that with the same immediate result, *i. e.*, limitation of movement inward, and perfect binocular fixation.

February 1st.—Movements of both eyes perfect in all directions, and no return of the squint on fixing near objects. Each eye can be easily turned inward, so as to bring the inner margin of cornea behind the carunculæ lachrymalis. He can now read an hour or more without his glasses, but then the eyes become fatigued—with his glasses he experiences no further inconvenience. The relative power of the external and internal recti is now as follows:

With the right eye he overcomes a prism of 15° , and with the left, one of 16° , with the base outward. With the base inward he overcomes 15° with right eye, and 17° with the left. It will thus be seen that the internal recti, at least one of them, are weaker since the operation than the external, just the reverse of what obtains naturally, and still no functional inconvenience results from it.

As the patient sees better in the distance with no. 60 convex, showing manifest hypermetropia, I paralyzed his accommodation with atropin, and found H of $\frac{1}{3\frac{1}{6}}$ and astigmatism of $\frac{1}{60}$. I therefore gave him glasses convex 36, which brings the refraction up to the normal standard, and enables him to resume his studies without fatigue, which he could not do before the inefficiency of the external recti was relieved by dividing the antagonists. I am inclined to believe that the convergent strabismus, so generally found associated with the anomaly of refraction which we call hypermetropia, is due to the originally imperfect developement of the eye, and of the external recti muscles and consequent insufficiency of the same rather than to overaction of the *internal recti* from straining of the accommodation. As a rule, insufficiency of the external rectus is found with H, and insufficiency of the internal with myopia. Occasionally, however, the reverse is found, and we have H with tendency to divergent strabismus and M with convergent squint.

On the first day of February last I was consulted by a servant

girl, 22 years old, with marked H and inefficiency of the internal recti. With the right eye she readily overcame a prism no. 10 with base inward, and no. 5 with base outward. With the left she could overcome no. 10 in both positions, but more easily with base inward. Not long since I operated on a young man who was annoyed by intermittent strabismus divergens. He was slightly myopic, and in reading and writing at a distance of 10 inches, binocular fixation soon yielded to divergent strabismus and diplopia with crossed images. After division of the external rectus of the left eye, he could easily fix with both eyes at 10 inches, and enjoy binocular vision without inconvenience. This latter case was according to the rule, but now and then we see M with insufficiency of rectus and convergence, as described by Græfe and others.

2nd. Abscess from a Carious Tooth Pointing in the Temporal Region and Through the Orbit. J. D., a stout German, 49 years old, came to see me on the 6th inst with the following history:

Three weeks before he was attacked with severe toothache in a superior molar of the left side. His face was much swollen and the pain so great that four days afterward he went to a *barber* to have it extracted. The *barber-ous* operation was tedious, awkward and painful. The swelling of the face increased, and he suffered excruciating pain for a week, when an abscess opened at the lower and outer margin of the orbit, just below the external commissure of the lids.

When I examined him for the first time there was marked exophthalmus of the left eye, with serous chemosis, but no impairment of vision, and but slight limitation in rotation outward, the movements in all other directions being perfect. As stated, just at the edge of the orbit, a little below the palpebral ligament, was a fistulous opening surrounded by flabby granulations, from which pus escaped when he worked the lower jaw. The whole corresponding side of the face was much swollen, but especially the region over the upper part of the temporal muscle. By firm pressure there, above the zygomatic arch, pus escaped freely into his mouth, and slightly through the fistula at the corner of the eye. A probe entered in between the cheek, the alveolar process corresponding to the extracted tooth, was made to pass up under the zygomatic arch and to the extreme upper expansion of the temporal muscle from whence I had pressed the pus. Then again, I passed the probe through the fistula at the outer edge of

the orbit, down through the spheno-maxillary fissure, into the zygomatic fossa, where it communicated with the passage first explored. There was much difficulty in opening the mouth even half an inch, and efforts at mastication were attended by pain and escape of pus through the fistula of the orbit. The pus had evidently extended under the zygoma, along the temporal muscle and prevented by its firm sheath and the fascia from opening in region of the temple; had burrowed through the spheno mazillary fissure into the outer and inferior part of the orbit, whence it made its escape by the spontaneous opening already described.

The diagnosis was perfectly clear and certain, and the course of the pus readily explained by the anatomical relations in this region. I made two incisions in the temporal region so as to give exit to the pus there, kept it well pressed out by dressing twice a day, and the patient is slowly recovering. But little matter escapes from the eye, the mouth or the temple. The eye is receding in the orbit, the swelling of the skin and conjunctiva abating, and, in short, the case is progressing toward a favorable termination. Some stiffness of the jaw, pain on chewing, and escape of matter constitute the only inconveniences at present. They will eventually cease.

E. W.

Editor's Table.

National Asylum for Disabled Soldiers.

THE Board of Managers have decided to purchase the Ohio White Sulphur Springs property, near Columbus, Ohio, as the Central Asylum; Dr. C. McDermont being elected medical officer. From a Washington despatch to the newspapers we clip the following, which gives much usefull information:

The board of Managers of the National Asylum for disabled volunteers gives notice that it is now prepared to receive beneficiaries into the branches located near Augusta, Maine, Milwaukee, Wisconsin, or into the Central Asylum near Columbus, Ohio. Volunteers are admitted upon application by letter to either of the managers, whereupon a blank application will be sent to the applicant, and if duly qualified transportation will be furnished

them. The requirements are: First, any honorable discharge from the volunteer. Second, Disability by wound received or sickness in the line of duty. If the applicant is unable to travel, or for other sufficient cause, relief will be furnished under direction of the manager to whom application is made. Overseers of all alms houses and charity hospitals, having disabled soldiers subsisting upon private beneficence, are respectfully urged to report such cases to either of the managers, as it is not fit that meritorious disabled soldiers of the nation should be supported by private or public charity. Soldiers are especially informed that the asylums are neither hospitals nor alms houses, but houses where subsistence, care, education, religious instruction and employment are provided for disabled soldiers, by the Congress of the United States, to be paid for by forfeitures and fines of deserters from the army. The provision is not a charity. It is a contribution by bounty jumpers and bad soldiers to the brave and deserving, and is their right. Soldiers having a wife, child or parents dependent upon them, are not required to give up their pensions upon coming to the asylum. Other soldiers are required to assign their pensions to the asylum, in special cases, only to be determined by the Board. Suitable compensation will be given for profitable labor in the asylums. Good behavior will insure the kindest treatment. Wives and children will not be cared for at the asylum until after a soldier has shown his ability to aid himself and them in part by his labor and steadiness, so that taking his family in charge will not increase his expenses to the asylum above the cost of other helpless beneficiaries, in which cases provision will hereafter be made.

Proposed New Lunatic Asylum.

AN act passed by the late General Assembly of this State, authorizes the establishment of a new Lunatic Asylum in the southeastern part of the State. A Board of Trustees for the location and erection of the same was appointed, and is composed of the following named gentlemen: D. E. Gardner, of Toledo, C. McDermont, of Dayton, and W. E. Davis of this city. They propose to locate the institution wherever, within the district, the best building site and the greatest amount of money are donated for the asylum. The following named places have already made propositions, viz: Zanesville, Chillicothe, Athens and Marietta. The building is designed to accommodate about four hundred patients, and will be a great acquisition to any ambitious locality

Health of Cincinnati.

HIS Honor, Mayor Wilstach, has made to the City Council an important Inaugural Message, in which he draws attention to all the varied interests of city legislation. In regard to the health of the city, we select the following:

"In view of another possible visitation from that dreadful scourge, the 'Asiatic Cholera,' in the coming summer, I would recommend the passage of the most stringent laws in regard to the streets, alleys and lanes of our city. I am glad to observe that the General Assembly of the State has taken a step in the right direction in promptly passing a strong Health Bill, by which the Board of Health will be enabled to enforce the most wholesome and vigorous measures.

In connection with this subject I herewith append, for your perusal, an intelligent synopsis of the Health Officer's Annual Report, kindly furnished me by Dr. Clendenin:

"Total number of deaths during the year ending February 28, 1867, 5,994. Of this number 2,033 were from Asiatic Cholera, and 454 from consumption. The average monthly mortality of the year was 499 7 12. The greatest mortality was during the month of August; the least in April, viz: In the first, 1,786, in the latter month, 213.

"Of the total number of deaths, 3,882 were natives of the United States. All children born of foreigners in this country were counted as citizens of the country. 1,226 were natives of Germany, 583 of Ireland, 100 of England, 23 of Scotland, 14 of Wales, 15 of Italy, 23 of France, 25 of Canada, and 193 nativity not stated."

LOCAL CAUSES OF SICKNESS.

1. The mode of constructing dwelling houses, viz: Eight-inch walls, and plastering put on the walls, producing dampness and variable temperature of the rooms. Building houses upon made and undrained ground.

2. Imperfect light and ventilation of houses.

3. Damp and badly ventilated cellars, and using cellars for keeping chickens, geese, dogs, calves, etc.

4. Badly constructed and arranged house drains.

5. Privy vaults. The yearly accumulation of fecal matter amounts to 2,000,000 cubic feet, less than one-half of which is removed annually.

6. Impure water. Our hydrant water is impure, because it is

an admixture with the drainage of the 17th Ward, and with the discharges from Deer Creek.

7. Well and cistern water liable to become contaminated by drainage from privy vaults, cesspools, etc.

8. Shade trees, where too thick; brick walls, board fences, closed courts, are all causes of disease, by stagnating the air and excluding the sunlight.

OVERCROWDING OF TENEMENT HOUSES—SUGGESTIONS.

1. Proper construction of houses,

2. A law to regulate the number of occupants to each house of certain dimensions.

3. Privy vaults to be abolished, and water closets to be substituted, having a direct connection with the public sewers.

4. Street scrapings to be sold for fertilizing purposes, and not to be used in filling up water lots.

5. The rapid completion of the contemplatee avenues.

6. The Water Works to be removed to a point from which the Ohio river water can be obtained *pure*, and without being contaminated with the city drainage.

7. The creation of a large park, to contain at least five hundred acres.

8. Every one to be compelled to keep the street gutters around their own premises clean.

We trust the suggestion of the Mayor, so correctly stated, will not fall upon inattentive ears. Most of them are of vital importance to the health of our city, and thousands of dollars are at issue—to say nothing of life—whenever we are threatened with an invasion of a devastating epidemic.

The Board of Health.

IN our last number we noticed briefly the features of the general law just passed by the Ohio Legislature. The following is the action of our Council for carrying out its provisions. Mr. Dalton presented the following ordinance:

SEC. 1. Be it enacted by the City Council of the city of Cincinnati, that a Board of Health for said city, be and the same is hereby created, and established as provided for in an act of the General Assembly of the State of Ohio, passed April, 1867, and that the six members of the said Board, to be appointed by the City Council, be appointed forthwith, and that the regular election for said Board hereafter be held at the first meeting in May, in each and every year.

SEC. 2. Said Board of Health is hereby empowered—

1st. To abate and remove all and every nuisance in said city, and assess the cost and expense of the same upon the property; which assessment, when duly certified by the President of the Board to the County Auditor, shall become a lien, to be collected the same as any other tax of said city, and to compel the proprietors or owners, agents or assignees, of the lot or property, house or building, upon or in which the same may be, to abate and remove the same.

2d. To regulate the construction and arrangement of water closets and privy vaults, and also to the emptying and cleaning of the same,

3d. To create a complete and accurate system of registration of births, deaths and interments occurring in or near said city, for the purpose of legal and genealogical investigation, and to furnish facts for statistical, scientific, and particularly sanitary inquiries.

4th. When complaint is made, or reasonable belief exists, that an infectuous or contagious disease prevails in any locality or house, to visit such locality or house; make all necessary investigation by inspection, and on discovery that such infectuous or contagious disease exists, to send the person or persons so diseased to the pest house or hospital.

5th. To make and pass all such orders and regulations as they shall from time to time deem necessary and proper for the public health, and the prevention of disease. Such rules and regulations, however, to be of no effect until approved by the City Council of said city, but when approved to have all the force and effect of ordinances of said city, and also to exercise all other powers conferred upon Boards of Health so constituted by said act.

SEC. 3. That an ordinance entitled an ordinance to establish a Board of Health, passed November 3d, 1865, and anything in any other ordinance inconsistent herewith be and the same are hereby repealed, and this ordinance shall take effect and be in force from and after its passage.

The ordinance was adopted unanimously.

Council then went into an election for members of the Board, as provided by ordinance, with the following result:

Hugh McBurney, eighth ward; C. Baum, twelfth ward; Daniel Morton, seventeenth ward; L. C. Hopkins, eleventh ward; S. S. Davis, second ward, and John Hauck, eighteenth ward.

Under this election the new Board of Health has organized, and elected Dr. Clendenin Health Officer for another year, at a salary of \$3,000. This is well. An effort has been made to interest the Board in Quacks, but our thanks and the good will of regular medicine is due for the failure—all the more that the profession is not represented in the Board; and now we trust there will be no delay in a vigorous and thorough cleansing and disinfecting of the city, in anticipation of any epidemic.

Heavy Fees for Doctors.

DR. MOTT once performed an operation which required, in point of time, just five minutes. The patient was rich, and the bill was \$350. More recently, a young physician attended a millionaire, and was successful in restoring him to health. The attendance lasted a few weeks and the bill was \$1,000. For consultation the regular charge is \$50. It is admitted that medical charges in New York are much higher than in other American cities. In Philadelphia they are lower, notwithstanding the fame which the profession has enjoyed in the latter city. Philadelphia has long been the center of medical literature, and has boasted of great names, but New York is fast advancing to a rival standing in this feature, and includes among her medical authors Dalton, Bumstead, Bedford, Hamilton, the two Flints, and others of distinguished ability. Still, Europe is the great center of medical knowledge, and at her fountains American authors however gifted are fain to drink. All the great English surgeons have a cosmopolitan fame, and the heaviest fee on record is one of the proofs of London pre-eminence. This was collected of a wealthy West India planter, who came under the hands of Sir Astley Cooper, and who paid a bill of £12,000. At present, Bowman, the famous London oculist, has an income equal to \$65,000 in gold, while Critchet, another oculist, has a practice nearly as valuable.—*Exch.*

Apologetic to Correspondents.

OUR office and home has been undergoing some repairs which have so deranged our household as to render it impossible to attend to our letters with any order. Hence any apparent neglect, delay, or even final oversight, will be accounted for; and we shall be happy to hear from you again.

Surgeon-General McDermont's Report, and Dr. Reeve's Endorsement and Deductions.

[The following communication from Prof. Hamilton, is taken from the Cincinnati Journal of Medicine, and sufficiently explains itself—Edr.]

MESSRS EDITORS:—In the February issue of your excellent Journal, I find a communication from your accomplished correspondent, Dr. J. C. Reeve, heartily endorsing the recent Report of Surgeon-General McDermont, with extracts which are worthy of serious consideration.

If the statements and conclusions of the Report and communication are correct, we certainly have, as a profession, a very important reformatory work on hand. If these gentlemen are mistaken, either in their facts, their reasoning, or their conclusions, it is at least proper that their errors be pointed out.

It is purposed to confine attention to a few paragraphs, which, that no injustice may be done, are inserted in full :

“The eminence accorded to Ohio surgeons for skill and fidelity in the late war, was not due to any merit in our system of medical education, but to the faithfulness of the Examining Board.

“The gentlemen composing this Board were distinguished for integrity, patriotism and professional ability. Animated by an earnest zeal for the efficiency of the service, they recommended for appointment only those who possessed the requisite qualifications. None but graduates of regular medical schools were admitted to examinations, and yet *over eighty per cent of these were rejected for incompetency*. The ignorance betrayed by many of the candidates was deplorable, proving that the diploma of a medical college has ceased to be of any value as evidence of capacity.”

To this quotation Dr. Reeve adds :

“From this official record there is no appeal; from this evidence furnished by stern experience, there is no escape; and the testimony is as damning in character as it is overwhelming in weight. Neither can the deductions from the facts be avoided, and it is plainly made by Dr. McDermont, to whom the profession is indebted for the origin of this bill, and who has recommended, in his Report, the establishment of a Board of Examiners for times of peace as well as war.”

Then follows another question containing the quotation here endorsed by Dr. Reeve: “If it was the duty of the State, as all

concede, to provide competent physicians for the soldiers, it is no less a duty to make a similar provisions for the citizens ; and yet those rejected candidates, with hundreds of others equally incompetent, are now scattered over the State, pursuing their fatal trade with criminal recklessness."

With the question of protective legislation, for the present, the writer has nothing to do.

It is proposed to confine attention to the statements of facts and conclusions, and the denunciation thus officially promulgated and heartily endorsed.

And here it is necessary to insert a bit of history.

In 1861, soon after the commencement of the war, the Legislature passed an act devolving it upon the Governor to appoint a Board of not less than three competent surgeons, to examine applicants for the position of surgeon or assistant surgeon, in the regiments to be organized; and prohibiting the Governor from appointing any except such as this Board should examine and approve. Governor Dennison appointed Prof. Geo. C. Blackman, Dr. L. M. Whiting and the writer hereof, as the first Board, under this act. After a few weeks, the Governor, as a matter of convenience, and to facilitate the public business, reorganized the Board, so that it might all be at the capital. The new Board consisted of the venerable Dr. Wm. M. Awl, Prof. S. M. Smith and the writer. Of both these Boards the writer was secretary.

Before a single examination was made, it was determined, for the protection of the rights, feelings and interests of all concerned, to make the whole thing a matter of record.

About 30 questions were prepared by each Examiner. These were printed on a large sheet, with blanks for written answers. All the accepted candidates were assembled in the Hall of the House of Representatives. Each was provided with a separate table, stationary, and successively with his three blank sheets, and was required to fill them in the presence of all the Board, without referring to books, communicating, or leaving the room. The blanks being all filled the Board had the means of leisurely preparing a graduating list of all the candidates.

The first Board held two, and the second three, public examinations. The secretary filed away the certificates of standing, graduation, etc., and the filled sheets of each candidate, in a large envelope, duly sealed and labeled. These are now, with the exception of a small package in his possession, thoroughly systemized,

and in a state of perfect preservation. So far as these examinations are concerned, he is prepared to give the exact official facts and figures, and no one else is.

And now for the record :

These Boards, acting during the year 1861, admitted 330 candidates to examination, under their rules. Of these—five, after attempting, more or less, to answer the questions, withdrew; nineteen failed to appear; 306 undertook to pass the ordeal; forty-two were admitted to a second examination.

And now as to the result; and here an explanation is called for. At that time it was impossible to foresee the wants of the service. Applicants seemed to be in excess, and the Board established and maintained a higher standard than it probably would have felt justified in, if the extent of these wants could have been foreseen. Two mathematically graduated lists—one of surgeons, and one of assistants—were the result of each of these examinations. These lists were handed to the Governor, and unfortunately no permanent record of them was kept. We are obliged, accordingly, to open these envelopes, and copy the summing up of each sheet, or rely upon the roster, as published in Surgeon-General McDermont's Report for the result. But many of these who were not successful with the first and second, applied to subsequent Boards. The object at present is to state exactly what was the final result with these 306 candidates. Making no account of of such as may have entered the National Guard, the three or six months, or any other than the three years service, the result is as follows: Whole number approved as surgeons and assistant surgeons by the first, second and subsequent Boards, 263; whole number rejected 43. Of the successful a word: The great body of them were graduates of the medical colleges of our own State. Three were graduates of European Universities. The graduated lists were nearly all headed by the graduates of some one of our Ohio medical schools. Most of those approved as assistants were promoted to surgeons. Twenty-one were promoted to brigade surgeons. Now a word as to the 43 unsuccessful. Three, four or five were graduates of European Universities. Two, who were each twice examined for assistants, failing as often, went to Washington, were examined, and appointed as brigade surgeons. Three others whom the rules of those Boards debarred from examination, did likewise, and with the same result. A considerable proportion of the residue are personally known to the

writer as successful and worthy physicians, and respected and honored citizens.

More than 85 per cent. of these 306 "graduates of regular medical schools," "admitted to examination," were approved and commissioned.

Less than 15 per cent. "were rejected for incompetency."

And from this statement of "official record there is no appeal," except to the record itself: from "this evidence furnished by stern experience there is no escape;" and it is respectfully suggested to those worthy gentlemen to decide at their leisure, whether, so far as the pivotal point—the "more than 80 per cent." part of this report is concerned—there is anything of "damning character" and "overwhelming weight" about these figures. From the beginning of the year 1862, the examination of surgeons devolved upon others, and the writer had nothing to do with it. That it was well and satisfactorily done, this Report of Surgeon-General McDermont very fitly attests. The writer disclaims all pretension of knowledge as to the facts and figures of these latter examinations, except as furnished by this Report. Accepting for the present the definite statements therein made as correct, let us see to what conclusions they lead. The number of regimental surgeons, excluding brigade and contract surgeons, is stated on page 4 to have been: Of regimental surgeons 287; assistant surgeons 649; making in all 936 approved by the various Boards of examiners. This number, represent, on this basis of "more than 80 per cent. rejected," less than one fifth of all examined. The number of the examined, accordingly, must have exceeded 4,680. The number of rejected must have exceeded 3,744; and "these rejected candidates," probably exceeding by more than half a thousand, all the "graduates of regular medical schools" in the State, "with hundreds of others equally incompetent," are thus officially denounced as "scattered over the State, pursuing their fatal trade with criminal recklessness."

And this official pronouncement finds in your worthy correspondent, a hearty endorser. To err is human; a blunder—even an official blunder—should, perhaps, ordinarily be veiled with the mantle of charity. So we are disposed to treat the errors of this Report. But in so doing, we do not propose to lose sight of the fact, that, at the time when the profession of the State merits only plaudits, in terms, though unintentionally, it read the great body of the profession out of respectable standing, and

denounces them constructively as criminals; that it assumes to be a State document, the "Report of the Medical Department of State," to err at such a time, under such circumstances, to such an extent, so unnecessarily, professedly in the interest of reform and advancement, and in apparently profound obliviousness of the magnitude and importance of the interests at stake—we leave for those worthy gentlemen themselves, after mature deliberation, to characterize in just such terms as they may deem fit and proper.

J. W. HAMILTON.

[From the Philadelphia Reporter.]

The Traveling Quack Nuisance.

DURING the past year our city authorities, with a view to abate an increasing annoyance or nuisance, and to add something to revenue, passed an ordinance licensing foot and street pedlars, and all sorts of transient shows and cheats, who find the proper material for their operations only in towns and cities; but they omitted, or forgot, travel, or stud-horse doctors. About the time the ordinance was published, bills and posters were distributed over our city by one of them, announcing that he would stand two days in each month in our city, during the year.

Considering him, and such like, proper objects for license, several professional friends were consulted as to the propriety of uniting in petitioning our City Fathers to extend the provisions of their general license system to these travelling doctors. No agreement could be had, so that whatever was done, must be done by individual effort. Mentioning the subject to several councilmen, we found them, unexpectedly, very willing to pass such an ordinance. A rough draft of an ordinance was furnished one of them, and the ordinance as finally passed is appended. It meets my approbation; but its value can only be tested by its practical working. If it is deemed a good precedent, please publish it, that others may know what has been done here, and improve on it. If it does not abate the nuisance of stud-horse doctors plying their vocations in our midst, it will, if enforced, at least bring a little revenue into our city treasury. Very Respectfully,

Z. C. McELROY, M.D.

Zanesville, O., March 27th, 1867.

AN ORDINANCE requiring transient or Traveling Physicians practicing in the City of Zanesville, to take out license, therefor.

SEC. 1st. Be it ordained by the City Council of the city of Zanesville, that all transient or traveling doctors or physicians, plying their vocation in the city of Zanesville, whether in hotels, private houses or on the street, whether advertising or not, or using medicines prepared by themselves or others, or professing to cure disease by any application whatever, shall procure from the Mayor of said city a license therefor.

SEC. 2d. The Mayor of said city is hereby authorized to issue the license named in the 1st Section hereof, upon the payment to him, for the use of the city, of the sum of five dollars for each and every period of twenty four hours, or fractional part thereof, that such doctor or physician proposes to stay in the city, and if such person should prolong his stay for the purposes aforesaid beyond the time for which such license was issued, then upon payment at the same rate, a new license shall issue for such further time as the applicant shall then pay for at the rate aforesaid.

SEC. 3d. Any one neglecting or refusing to comply with the provisions of this ordinance, shall, upon conviction thereof before the Mayor, be fined ten dollars for each and every day, he, she or they shall have plied or attempted to ply his, her or their profession or vocation in this city without license, and shall stand committed in the city prison until such fine and all costs including those of the city prison, be paid.

SEC. 4th. It is hereby made the duty of the city Marshall to see that the provisions of this ordinance are faithfully executed; and it shall further be his duty, whenever he shall find any such person or persons without such license, forthwith to cite him, her or them before the Mayor to be dealt with as herein before provided, but the Mayor is also required to act upon complaint of any other person.

SEC. 5th. This ordinance shall take effect and be in force from and after its passage and publication,
GEO. G. GIBSON, City Clerk. F. A. THOMPSON,
Pres. City Council.

Indiana State Medical Society.

THIS society will meet in the City of Indianapolis, on Tuesday, the 21st of May. Reports and contributions of interest will be presented, and it is believed that this will be a meeting of great attraction and importance to the Profession of the State.

The University of Michigan—and Homeopathy.

WE have for some time understood that there was trouble in the medical department of the University of Michigan. As we understand the matter, the University still requires the fostering care of the State, and during the past session of the Legislature an urgent request was made for an appropriation of \$15,000. This request was granted under an express stipulation that the Board of Regents should establish a chair of Homeopathic Medicine in the Medical Department. Of course, this is a suicidal piece of legislative stupidity. The Medical Faculty has been prominent for a good deal of ability, and this, together with the nominal fees, has attracted large classes, despite the lack of important clinical advantages. The Regents cannot accept the terms of the grant without disrupting the Faculty; and any re-organization on the basis proposed by the assinine Legislature of Michigan must, of course, direct its great classes elsewhere, and the prestige of the University of Michigan, so far as its Medical Department is concerned, departs.

Since the foregoing was put in type, we learn from the *Detroit Review*, that Prof. Warren Greene, of Pittsfield, Massachusetts, has been elected to fill the vacancy in the Chair of Surgery in the Medical Department of the University, and further, that the Regents have had more wisdom than the Legislature, and promptly rejected the proffered aid with its suicidal entailment.

Medical Colleges in Virginia.

THERE is a Medical College at Richmond, Virginia; and there is a Medical Department of the University. It is proposed to concentrate the two by consolidation. The bill before the legislature provides on the one hand that the Richmond College be merged into the University, and the Medical Department of the University transferred to Richmond. The museums, and the appurtenances of the two combined, with the hope of building up a school of first-class character and proportions for the Old Dominion; and though removed to Richmond, still to be under the control of the Rector and Board of Visitors of the University. A recent number of the Richmond Medical Journal has quite a lengthy editorial, discussing the plan in its various aspects.

"Fraternizing with Quacks."

WE take pleasure in stating to our friends of the *Philadelphia Reporter* that the insertion of the names of Prof. Blackman, Prof. Williams, Prof. Mussey, and other respectable gentlemen of this city, in the "quack sheet" known as the "*Doctor*" is entirely gratuitous and unauthorized. They are not inserted by authority, and are not paid for as advertisements. Those gentlemen have been a good deal annoyed with this vexatious conspicuity, but there is no way to help it. The names are used probably to give character to the sheet.

The American Medical Association.

THIS Society convenes in Cincinnati, on Tuesday, the 7th of May. We are pleased to know that all needed arrangements are complete for the comfort and convenience of the meeting. The Teachers' Convention will meet on Friday, the 3d of the month.

Appropos of this meeting of the Association, Messrs. William Wood & Co. have just issued a very neat edition of the Code of Ethics, in flexible cover, but are not informed of the price.

Dr. Benj. B. Coit.

THE pioneer physician of San Francisco dropped dead in the streets of that city recently. The cause was said to be heart disease.

The Ohio State Medical Society.

THIS society will meet at the "Yellow Springs" on Monday, the 11th of June. Yellow Springs is easy of access by rail—being equal distant from Xenia, Springfield and Dayton—and it is hoped that the entire profession of the State will feel a lively interest to make this the best meeting in all respects that the Society has ever known.

The Wayne County, Indiana, Medical Society.

THIS society appears to have been in a state of suspense for a time past, but we are glad to learn that it enjoys a revived state. We hope to have reports of its discussions in good time. Drs. W. P. Waring, Dougan Clark, and A. B. Bradbury, were elected as delegates to the American Medical Association, with Drs. J. R. Weist, M. W. Hobbs, and E. Hadly as alternates. Drs. Hadley, Weist, Hobbs, Boyd and Sweeney were elected delegates to the State Society.

Leavenworth Medical Herald.

WE have received the prospectus of a new Medical Journal to be published monthly in Leavenworth City, Kansas, by Drs. C. A. Logan and T. Sinks. We wish our friends patience in the task proposed, and success in their endeavors.

Indiana State Medical Journal.

WE understand that Dr. H. V. Williams, of Indianapolis, contemplates the establishing of a Medical Journal in that city—to be a monthly of 64 pages.

THE following very popular “cure for the cholera” we recommend only when “advised by the attending physician:”

R.—Aqua pura, l ox; spt. vini. gallici, ad lib.; saccharum, quantum, suff.: Nice. Ante vel post-prandium sumendus; omn. dimid. hora.—*Exch.*

Reviews and Notices of Books,

A Treatise on the Practice of Medicine. By GEO. B. WOOD, M.D., L. L. D., Emeritus Professor of the Theory and Practice of Medicine in the University of Pennsylvania; one of the authors of the United States Dispensatory, etc., etc. Sixth edition. In two volumes. Philadelphia: J. B. Lipincott & Co. 1866. For sale by Robert Clarke & Co. Price \$12 00.

Prof. Wood has been kindly spared to a long and marked life of usefulness in the profession. No American books have been more universally regarded as reliable text books in their several departments than those which he has contributed. When we noticed the appearance of the last edition of the United States Dispensatory, we scarcely expected the gratification of seeing the issue of any further edition of any of his works. He states, however, that immediately after the completion of that work, he turned his attention to this Treatise, and for more than a year was exclusively engaged in its revision.

However perfect a work may be on the understood principles, and the best modes of practice, of the wide range of affections treated of in such a manner as the one before us; yet we are so rapidly progressive, and so many important improvements and observations have been made, that a work of revision is one of much labor and patient care. Yet Dr. Wood has brought to this task a maturity of culture, reading and experience which amply prepares him for its faithful performance.

The general character of the work is so well known that it is not material to enter upon its analysis; readers will only care to know how fully the author has brought up the present edition to the improvement of the profession.

We have had occasion to examine many of the new chapters of the Treatise, and find them very satisfactory; they pervade the entire work; indeed, every part seems to have received the critical oversight of the author.

For example in the introductory sections on General Pathology, we find the whole subject of Inflammation, Cellular Pathology, etc., freely discussed in accordance with the advanced views on these topics, though—with the well known cautiousness of the author—not always assenting to all that is claimed.

The newly discovered disease, known as *Trichiniasis*, has its proper place. In the section embracing the general diseases, the author has introduced the three following important affections, not hitherto unknown, but not definitely defined—*diphtheria*, *petechial fever*, (embracing spotted fever and endemic cerebro spinal meningitis), and *heat fever* or *sun-stroke*. Under the head of diseases of the respiratory organs, we find satisfactory notices of the new modes of diagnosis—by means of the laryngoscope and rhinoscope, and the new modes of medicated applications, by means of pulverized liquids, etc. We also find important additions under the head of nervous diseases, two of the most interesting, being the newly discussed affections known as aphasia, and the disease described by M. Duchenne as locomotor ataxia.

These notices will convey some idea of the vast amount of labor which has been performed by the author in bringing it up to the present times. It represents fairly the present state of our science, and, as the author modestly hopes, will certainly serve as a faithful guide to the student and practitioner. We hope time will deal gently with our esteemed friend, the author of this great American work, and spare him still many years to enjoy the fullness and maturity of his labors.

The publishers have issued the work in good acceptable style, though we should have been glad if they had given us the beautiful, full-faced type of the American edition of Aitkin's Practice.

Watson Abridged: A Synopsis of the Principles and Practice of Physic, delivered at King's College, London. By THOMAS WATSON, M. D., etc., etc. Abridged from the last English addition, with a concise but complete account of the properties, uses, preparations, doses, etc. of all the medicines mentioned in these Lectures, and with other valuable additions. By J. J. MEYLOE, A. M., M. D. Philadelphia: Published by the Author. 1867. For sale by Robert Clarke & Co. Price \$2 00.

Watson's Lectures are amongst the most elegant of medical writings, and any attempt to reduce them to a system of marginal notes or abridged paragraphs, seems to be almost a sacrilege. The author of this little handbook has certainly performed the task he undertook with cleverness; but the question is whether it was at all desirable to present the classical and musical pages of Watson in any shape but their original elegance. We do not see the utility, and hope the author will not deem us rude if we so express ourselves.

Practical Dissection. By RICHARD M. HODGES, M. D. Formerly Demonstrator of Anatomy in the Medical Department of Harvard University. Second edition. Thoroughly revised. Philadelphia: Henry C. Lea. 1867. For sale by R. W. Carroll & Co. Price \$2 50.

This is an excellent and well devised guide to the study of Practical Anatomy, and as we believe, has met with favor from anatomical teachers. It seems to us very singular that in no work on Practical Anatomy do we find any directions for the preservation of the cadaver, no suggestions for the care of the dissecting rooms, no instructions for making injections. It seems to us that experienced demonstrators ought to put these matters into book form for the benefit of students and amateurs in anatomical pursuits. We know of no recent book which gives any instruction upon these points.

Inhalations in the treatment of Diseases of the Respiratory Passages. Practically as affected by the use of Atomized Fluids. By J. M. DA COSTA, M. D., Physician to the Philadelphia Hospital, etc., etc. Philadelphia: J. B. Lipincott & Co. 1867. For sale by Robert Clarke & Co. Price \$1 25.

The little monograph before us is an interesting review of the subject indicated in its title, and will well repay the time for its perusal. Originally the substance of this book appeared as contributions to the September and October numbers of the New York Medical Journal, from which it is now reprinted in the present tasteful style, with beautiful typography and tinted paper. Its contents are briefly the history of inhalations and the apparatus employed, the mode of administering inhalations, the penetrability of atomized fluids into the air passages, doses of medicine for inhalation, and therapeutic considerations. The book is illustrated with good cuts of various apparatus.



Medical Register of the District of Columbia for 1867. By J. M. TONER, M.D.

This interesting little register embraces notices of the various medical, benevolent and public institutions of Washington, together with a complete registry of the physicians, and also of the druggists. The compiler of this little book announces that he is engaged in preparing a Biographical Dictionary of deceased American Physicians, and he solicits contributions of material from the profession at large, to aid him in its preparation, and to ensure its fullness and exact correctness. Of course, no such work can be made satisfactory as a national record, unless the members of the profession generally enter into its spirit and lend their cordial assistance.

Abstracts and Selections.

PRACTICAL MEDICINE.

[From the Philadelphia Reporter.]

Case of Poisoning by Morphicæ Sulphas—Strong Coffee as Antidote.

ON the 2th of Decemder last, I was aroused at 3 o'clock A. M., by a young man who was apparently in much distress, about the condition of his brother, a young man about 25 years old, and who had, as I was informed by the elder brother, taken a dose of "morphine" the night before, prior to going to bed, or rather before the usual bed time, to relieve him of pain caused by a large scrofulous abscess, that was rapidly forming on the left side of his neck.

The patient was an excessively scrofulous diathesis and bore many of the peculiar cicatrices on his neck and breast, so many evidences of the previous use of the lancet. On this occasion he begged his brother to procure a second dose of morphia for him, the first not having brought the relief he hoped and expected. He first took a half grain and his elder brother seeing that this did not relieve him, went to the nearest drug store and purchased ten grains more, under the impression that it would be needed. During his absence the patient fell asleep, and his brother thinking the first dose had taken effect and relieved him, went to bed and falling asleep himself, did not wake until near 3 o'clock in the morning, when he was aroused and alarmed by the stertorous breathing of his brother. We learned after he had recovered, that he awoke about midnight, and still suffering intense pain, went to the mantel piece, where the morph. sulph. had been left, and taking what he supposed to be a dose from a paper, swallowed it, and again went to bed. At this dose he took three grains as was ascertained by weighing what was left. By 3 o'clock when I saw him. he was comatose, his breathing stertorous, pupils contracted, until not larger than the size of a pin, and in a state of insensibility almost complete. I ordered a quart of coffee made from half a pound of the parched grains, which I administered per rectum in quantities of six ounces every ten minutes, having in the intervals the surface of his entire body vigorously chafed by friction from the rough palms of two stout men. Suddenly, and without giving any premonition of returning consciousness, after I had given the fourth injection, he sprang up to a sitting posture and stared wildly around him for a few seconds, and again fell back on his pillow. Those who were standing

around, looked upon this as his death struggle, but my own attention was immediately arrested by the great improvement in his breathing which was now returning to its natural condition, and told that the remedy was rapidly taking effect and that the danger had passed. His brother who had been crying over him since my arrival, witnessing the sudden and silent start, asked me to let him run for another Doctor to assist me, and would scarcely believe me when I told him he was now safe, and would soon be free from the effects of the medicine. In one hour from the time of the first injection, he had recovered so far from the alarming condition in which I found him, that I did not think it necessary to remain longer, and ordering two ounces of coffee to be taken every half hour, left him. I have thought it worth while to report this case as it will show how much we may depend upon *strong coffee* in cases of poisoning by opium and its alkaloids.

MATT. CALVERT, M. D.

Meridian, Miss., March 10th, 1867.

[From the Philadelphia Reporter.]

A Substitute for the Stomach Pump.

IN a Chicago paper of a recent date, there appeared a report of a suicide which took place in one of the hotels of that city. The unfortunate victim was a young woman who had been ruined by her lover and then abandoned. She came to Chicago, stopped at one of the hotels, and procured a quantity of morphia, which she took for the purpose of destroying herself. The reporter states that she was discovered a short time after she had swallowed the poison, and a physician sent for. He came, and immediately discovered, from her symptoms and a paper marked "morphia," that she had taken a large quantity of the article. He said that her life could be saved, provided he could obtain a stomach pump. Accordingly policemen started out in search of an instrument of this kind. After a fruitless search, they returned and reported that there was not a stomach pump to be found in all that part of the city.

The Doctor said he could do nothing to relieve her without it, and consequently the woman died.

The case is a sufficient apology for calling the attention of the profession to a substitute for the stomach pump, which I once successfully used. The apparatus I have reference to consists of a common Davidson's India rubber syringe and a large sized gum elastic catheter attached to it. By introducing the catheter (or what is still better, a stomach tube) into the stomach, and attaching it to one end of a Davidson's syringe, the stomach can be filled in a few seconds with water and as quickly erupted.

I had occasion to use this instrument in this way in 1859. I was called to see a child three weeks old, to whom had been

by mistake, a teaspoonful of laudnum. I saw the child about ten minutes after swallowing the poison. Having no stomach-pump, and knowing there was none in the town in which then resided, I thought of this expedient. I attached a large catheter to the anterior end or tube of the syringe and introduced it into the child's stomach. I injected about a gill of warm water into the stomach, reversed the syringe and pumped it out again. I continued this until the water brought from the stomach had no longer the smell of opium. The child recovered without a bad symptom. Now, what was done for this child might have been done for the Chicago suicide. A syringe, such as I described, could have been obtained at the nearest drug store, had the physician ordered it. Perhaps a similar case may occur again, and a life be saved, and our noble profession obtain the credit for it, by remembering this simple way to contrive a stomach pump.

R. W. PARK, M. D.

Mobile, Ala., March, 1867.

Incontinence of Urine successfully treated by Extract of Belladonna.

A HEALTHY looking country girl, fourteen years old, was brought by her mother to the Metropolitan Free Hospital on the 11th of January last. She had suffered from nocturnal incontinence of urine for the last two years. Not a night passed without her wetting the bed, and to such an extent that she had been compelled to lie upon straw covered with a sheet in order to change her bedding daily. She had been taken out of bed at night, scolded and ridiculed without any effect in making her abandon the habit. Dr. Drysdale ordered her to take a quarter of a grain of extract of belladonna as a pill, to be taken at bed time every night. On the 15th of January her mother came to say that she had not wetted her bed since taking the medicine. Up to the 18th of January there was no return of incontinence of urine. Dr. Drysdale remarked that he had in many cases seen similar results from the use of belladonna in this disease, and supposed the drug acted by paralyzing the detrusor urinæ muscle.—*London Lancet.*

[From the Philadelphia Reporter.]

Inhalation of Lime in Croup.

CHARLEY B—, aged 7 years, awoke at 9 p. m., February 6th, with a hoarse, croupy cough. The father, a near neighbour, came to my house and requested me to send some medicine. I gave an emetic of ipecac, with three grains of calomel.

Next morning (7th) I was requested to see him. Found him with unmistakable croup. The patient stated that the medicine had vomited him freely without producing any relief.

I immediately administered a piece of powdered alum, and sent for quicklime.

When the lime was procured and ready for use, the little fellow was vomiting freely. I placed the vessel containing the slaking lime under his mouth and nostrils. In a very short time the respiration was quite easy, and the cough had lost its alarming ring.

Twenty drops syr. scillæ, with half grain antim. et potass tart. was given every two hours, and the inhalations resorted to whenever the cough became hard and dry.

Slight febrile excitement continued for 36 or 48 hours. On the fourth day he was discharged well.

I send this case without comment. I hope others will give the lime a trial, and furnish the results for publication in the Reporter.

Preston, Md., Feb., 23, 1867

H. F. WILLIS, M. D.

DR. C. D. HOGEBROOM, of New York, suggests the use of a "compressing membrane" to the stethoscope. He stretches a piece of bladder across the pectoral extremity of the instrument, so that sounds are communicated not only through the rim, but also from the parts lying beneath its concavity. This expedient, he says, also diminishes the *roaring* heard in the stethoscope, especially in Cammann's. The tension of the membrane, he adds, may be restored, if lost in drying, by moistening it with a solution of tannin—ten grains to the ounce of water.

Herpes Circinatus from Favus' in the Cat.

DR. TILBURY FOX exhibited to the Pathological Society of London, Nov. 13, 1866, several specimens of parasitic fungi sent to him by Dr. Purser, of Dublin—one from a favus patch on the paw of the cat, the others from herpes circinatus (*tinea circinata*) of the arm produced by inoculation with the fungus (*achorion*) from the favus of the cat. It appears two cats were affected by favus, the one already mentioned, and a second about its nose; attempts were made by one of the ladies in the house to rub off the crusts from the diseased places in these cats, and very shortly afterward *tinea circinata* showed itself about her hands, arms and shoulders; three other inmates (females) were similarly attacked. The disease was most carefully diagnosed, and not a feature of favus showed itself. Dr. Purser then inoculated his own arm, and pronounced what was pronounced to be *tinea circinata* (*herpes circinatus*); he sent some of the scales to Dr. Fox, which were exhibited. There was an absence of spores, but mycelial threads were very abundant. They were smaller, less branched, and more devoid of granules than the *achorion*-tubes, characters which belonged to *trichophyton*. The cases were interesting as showing that favus may give rise to other formes of parasitic disease, a view which Dr. Fox holds against many authorities, and he remarked that De Bury's recent experiments show conclusively the difficulty of getting an interchange of characters between varieties of the same fungus.—*Medical Times and Gazette.*

The above statements are to a considerable degree confirmatory of the researches of Prof. Salisbury, related in the present number of this Journal, pages 279-383. It is but justice to Dr. Salisbury to say that his paper was sent us early in November of last year, and was intended for the January number of this Journal, but in consequence of the impossibility of having the woodcuts done in proper season, it was laid over till the present number.—*American Journal of Medical Sciences.*

Placenta retained seven months after miscarriage.

DR. COLLINS reported the following case: The patient became pregnant in February. The following April she was attacked with flowing and other symptoms of miscarriage, which continued for some time. Abdomen large; general health good. The hemorrhage subsided, and the patient went out. Two months passed without any perceptible increase in the size of the abdomen. At her menstrual periods she had some hemorrhage, and on one occasion a small piece of membrane passed away. Dr. Collins thought she had probably miscarried, and that this was a part of the membrane which remained. In August the catamenia appeared. Subsequently, she was attacked with flowing, attended with pain, causing the expulsion of a placenta, with a short piece of cord attached. The placenta had remained in the seven months.—*Boston Medical and Surgical Journal*, April 18, 1867.

Poisoning by Silk Thread. By M. CHEVALLIER, JR.

THE silk thread employed by seamstresses is liable to acquire poisonous properties in consequence of a fraudulent practice described as follows:

The value of the best quality varies from sixty to seventy francs a pound, and the material is sold wholesale by weight. For many years it has been the custom to increase the weight by steeping the silk in sugar and water, or in an infusion of gall nuts; but this fraud not being found to yield sufficiently large profits, a patent was taken out for another plan, which consists in soaking the silk, whatever its color, in a bath of acetate of lead, and after drying the skeins, exposing them to a current of hydrosulphuric acid. The result is the deposition of a quantity of sulphuret of lead, which greatly adds to the weight of the thread, and, therefore, to its mercantile value. We are acquainted with a person at the head of an extensive dressmaker's establishment who, from the use of silk thread thus prepared, was attacked as well as her workwomen with painters' colic; some of the women even lost their teeth, in consequence of their habit of biting off the ends of the thread, an operation during which they absorb a portion of the lead attached to it.—*Rankin's Abstract.*

SURGICAL.

Repeated Resection of the Knee Joint.

SEVERAL cases have occurred in which delay in healing, and the evident occurrence of necrosis after resection, has rendered a second operation necessary. At King's College Hospital, under such circumstances, it is thought better to repeat the resection than to amputate the thigh. Sir William Fergusson has had three or four such cases, which have done well; Mr. H. Smith had one in which the proceeding answered perfectly. On Saturday last Mr. Smith again adopted the plan in the case of a lad whose knee joint he had excised in July last. The boy went on well at first, then fell back, and was sent into the country for a few months—not to much purpose, however, for sinuses about the wound persisted, and showed the presence of dead bone, and the boy's health was suffering from the prolonged irritation. On opening up the wound, firm ankylosis was found to a limited extent between the femur and tibia. Lying behind the former bone was a ragged sequestrum, an inch or two long, representing the intercondyloid space of the femur—that part of the bone which is so often exposed to necrosis. There was an abscess in the head of the tibia. Mr. Smith removed a thin section of this latter bone and a portion of the femur, and brought the bones into apposition again just as in ordinary resection. When the sequestrum came to be examined, an old arterial ligature was found lying about it. This must have been accidentally dropped into the wound in July last, at the time of the operation, and there it had since rested. Was it the presence of this piece of string which excited inflammation leading to the death of the bone described?—*Lancet*; Feb. 16, 1867.

Cancer of the Tongue.

WE saw Mr. Paget cut away about one-fourth of an old man's tongue, on Saturday, in the operating theater of St. Bartholomew's. The surgeon stood behind the patient, who was seated in a chair, and, grasping the organ with a vulsellum held in the left hand, he transixed it with a knife and rapidly cut away the diseased portion. A few ounces only of blood—perhaps four or five—were lost ere the vessels were secured. The man had no chloroform. The diseased mass presented a deep ulcer with hardened base and prominent inverted edges, so characteristic of cancer. Mr. Paget remarked that the ecraseur was not needed for removal of a moderate portion of the tongue; there was not more hemorrhage than could be easily dealt with in the ordinary way. We have seen of late in this hospital several cases in which the whole tongue has been removed for carcinoma, nothing but a slight stump composed of the root being left. Notwithstanding this mutilation, the articulation is singularly good, and, paradox-

ical as it appears, even lingual sounds are formed so as to be perfectly intelligible. In a case of Mr. Paget's a man of fifty, who spoke to us on the third day after the operation, we remarked that even the word 'the' was quite distinct. The patient used his lips for the utterance of the sound. So it was also with the old man whose tongue Mr. Callender had cut out by the *ecraseur*, who could talk and eat with singularly little difficulty.—*Lancet*, Feb. 16, 1867.

Use of the Acupuncture Needle in the Discovery of a Pistol Ball.

By DR. GORDON BUCK.

AT a meeting of the New York Pathological Society, Dr. Buck stated that he had successfully employed the acupuncture needle in detecting the ball in a case of gunshot wound in a man who, while carrying a pistol in his fob, the weapon was accidentally discharged, and its contents were lodged into the groin, immediately below Poupart's ligament, and two inches outside of the femoral. On introducing a probe into the wound, it followed a track over the inner condyle and a little above it, and at its bottom a firm body was encountered that was about the size and shape of the missile that was supposed to have been lodged there. This body could be slipped within a certain limit, and its movement would cause pain. Presuming that it was the ball, there was not certainty enough in the diagnosis to warrant an extraction until the acupuncture needle was used. This was passed down in the situation of the deep-seated lump through the tissues, and encountered the foreign body. By certain manipulations it was found to escape from the point of the instrument and roll aside, which fact left no doubt in the mind of the presence of the projectile at that point. It was then cut down upon with a narrow-bladed knife and removed without much difficulty. Dr. Buck remarked that his attention had been first called to the needle by seeing a published account in some of the medical periodicals of its use by a Scotch army surgeon, whose name he did not recollect. Dr. Buck also stated in this connection that he had employed the same procedure with success in discovering the existence of a calcareous body impacted in the prostate gland. The needle in this instance was curved, and was introduced into the gland upon the finger as a guide. The needle is very fine, and has a trocar point in order to facilitate its entrance into the tissues.—*N. Y. Med. Record*, June 1856; *Amer. Jour. Med. Sciences*, July, 1866.

Acute Rheumatism; Delirium; Paraplegia; Recovery. Under the care of DR. JOHNSON.

THE following case affords an interesting example of the direct action of the rheumatic poison whatever that may be upon the nervous centers—both the brain and spinal cord,—apart from any cardiac complication. When delirium is associated with rheumatic inflammation of the heart, it is commonly supposed that the cerebral symptoms are a secondary result of the cardiac mischief. In this case it is manifest that the nervous centers were directly affected by the morbid blood. We are indebted to Dr. Fenn, house-physician, for the history.

William G—, aged twenty, laborer, was admitted to King's College Hospital on the 31st of October, 1866. He had, previous to his present illness, always enjoyed good health; but drank large quantities of beer. On October 16th he caught cold, and felt generally unwell, with pains in his limbs, and hot skin and profuse perspiration at night; in a day or so the pains settled in the knee joints, which became swollen, and shortly afterward the wrists were effected. No family history of rheumatism. He is a strong made young man. When admitted, he had slight pains in his knees, wrists and ankles; joints not swollen. Tongue coated. Pulse 150; respiration 24. Heart-and-lungs-sounds normal. Hot-air bath ordered, and camphor mixture. He sweated profusely after the bath, which relieved his pains.

On the night of November 5th he was a little delirious.

6th. Pulse 120; respiration 20; temperature $103\frac{1}{2}^{\circ}$; hands tremulous. Ordered brandy, six ounces daily. He continued to wander during the day, and toward evening got very noisy. At ten p. m. a quarter of a grain of hydrochlorate of morphia was injected under the skin; but he continued to scream "Murder!" and to make such a noise that at eleven p. m. he was removed into a separate room. Ordered brandy, half an ounce every hour.

At one a. m. on the 7th a second dose of morphia was injected, but he did not sleep well after it. Took his food well.

8th. Slept well during the night. Still delirious.

11th. Has slept but little for the last three nights; very restless; pulse 120; tongue dry, brown; passes his urine and fæces involuntarily under him. Ordered a mixture composed of one-sixth of a grain of potassio-tartrate of antimony and ten minims of tincture of opium; a dose to be taken every second hour. After the third dose he came quieter and slept five hours. Ordered two grains of sulphate of quinine and a quarter of a grain of opium powder in pill, three times a day; and eight ounces of brandy daily.

13th. Is much less delirious; still passes his urine and fæces under him; says he cannot move his legs, and complains when they are raised.†

15th. Slightly delirious at night; pulse 120; respiration 30; coughs and expectorates white frothy sputa; rhonchus and sibilus, with crepitation at both bases, heard at the back of the chest. Turpentine stupes night and morning.

18th. As the delirium still continued and he appeared much weaker, he was again ordered brandy—twelve ounces during the day.

21st. Seems quite rational, but cannot move his legs at all. To have eight ounces of brandy.

23d. Ordered a mixture composed of two grains of sulphate of quinine and twenty minims of tincture of perchloride of iron; a dose to be taken three times a day.

28th. Can move his toes a little, and has regained some amount of power over his bladder and rectum. From this date he continued to improve.

On December 1st he could draw his legs up, and on the 5th he sat up in bed, and had complete control over both bladder and rectum. On the 12th he sat up in a chair, and since then has been gaining strength daily. He was discharged well on January 2d.—*Lancet*.

On the Treatment of Wounds by Ventilation. By M. BERENGER FERAUD.

THIS method of treating wounds consists in leaving small wounds exposed to the air, and in acting upon larger ones by means of the domestic bellows for a period varying from five to twenty minutes every two, three, or four hours, according to the amount of discharge and moisture that may be present. The object is to secure the formation of a crust over the surface of the wound, under which cicatrization takes place far more rapidly than when the surface is not so protected; and the applications must be sufficiently frequent and prolonged to maintain this crust of a certain thickness. When the crust acquires a degree of rigidity, however, it must be displaced and another formed, and when the discharge is very abundant, the alcoholic dressings, now so much in vogue in the Paris hospitals, should for a while precede the ventilation. The influence of this last in improving the condition of the wounds is almost immediate, a disposition to cicatrize and a diminution of the discharge soon being apparent.

This mode of treatment, according to its originator, M. Bouisson, of Montpellier, may determine sedative, astringent, siccative, antispetic, and tonic action; but by no means indicated in all kinds of wounds, and especially in those whose depth is great in proportion to their superficial extent. Thus, it is not fitted for penetrating wounds, as those of a fistulous or characterized by anfractuosities. Abundant suppuration is a further contra-indication, except, indeed, when this is due to a mere hyper-secretion dependent upon local or general atony or perverted nutrition, and

to the lessening of which alcoholic dressings supply a useful preliminary to the employment of ventilation. In slight burns other means may be preferable, as of more convenient application; but in those of the second and third degree, arrived at the stage of a simple denuded wound, ventilation may advantageously supersede cotton and other impermeable applications. In resorting to this means for ulcers, we have to attend to the constitutional cause of these, as well as to render them by various local applications apt for cicatrization before we resort to ventilation.

Among the secondary advantages of this mode of treatment may be mentioned its simplicity, its easy applicability by the patient or his friends, its economy and its cleanliness. It substitutes a dry for a moist surface, diminishes the chances of septic decomposition, and lessens the chances of infection of the surrounding atmosphere.—*Bulletin de Therapeutique*, Jan. 31, Feb. 15, 1865; *British and Foreign Medico-Chirurgical Review*, July, 1866.

Retroversion of the Pregnant Uterus. By DR. LORIMER, (Haddington).

DR. LORIMER relates a case of retroversion of the pregnant uterus ending fatally. The patient was about three months gone in pregnancy, and the first indication of disturbance was difficulty in micturition coming on in the night, after she had gone to bed apparently in good health. There was much abdominal tenderness and distention, also considerable exhaustion and emaciation when first seen. From the position of the womb much difficulty was experienced in passing a catheter into and fully relieving the bladder. Abortion was induced by the use of the uterine sound, followed by the administration of ergot, but the general and local symptoms were not alleviated. Every attempt to replace the uterus both before and after abortion failed, and eventually the patient died. On an examination of the body the uterus was found completely retroverted, and a fibrous tumor the size of a small orange, was lodged in the posterior wall.—*Edinburg Med. Jour.*, July, 1866.

Description of an Improved Extension Apparatus for the Treatment of Fracture of the Thigh.—Introduced by GURDON BUCK, M.D. Surgeon to the New York Hospital, St. Luke's Hospital, etc.

Articles Composing the Apparatus.—Two bands of adhesive plaster spread on canton flannel or thick twilled cotton; each band being two inches and a half wide and two feet long. At the end of one of the bands, a piece of elastic rubber webbing, two inches wide and ten long, is attached. At one end of the other band, a buckle of corresponding width, is fastened.

A thin block of wood three inches and a half wide transversely, and three inches vertically.

The perineal portion consists of rubber tubing of one inch calibre, having inside of it a tube of muslin stuffed with bran, and left an inch longer than the rubber tube at both ends. At each end of the muslin tube, a metallic ring is first fastened, and then shoved within the rubber tube, to the end of which it is also fastened. This arrangement preserves the rubber tube from being over-stretched.

Two straps fastened to the rings at the ends of the perineal portion, serve to lengthen it and allow it to be made fast to the head of the bedstead.

A belt that passes around the opposite side of the body, and maintain the bearing of the perineal band in a line with the axis of the body and limb. The perineal portion should be wound with a narrow strip of canton flannel or other soft material, and this should be changed as often as soiled.

Four guttered coaptation splints, covered with flannel, are intended to surround the fracture and be secured in place by three elastic bands, each having a buckle at one end.

An upright supporting a pulley wheel, to be fastened to the floor by three screws, opposite the foot of the bed.

Mode of Application.—The bands of adhesive plaster are first to be applied, one on either side of the limb from a point above the ankle upwards as high as the seat of fracture. The limb is then to be bandaged in the usual manner, beginning at the toes and covering the plasters, but leaving their lower ends free. The band of elastic webbing is next passed round the sole of the foot and fastened to the buckle on the other side of the foot. The block of wood should then be interposed between the loop of webbing and the foot. A cord fastened to the block thus adjusted is passed over the pulley, and has a weight suspended from it. This arrangement combines elasticity with the extending force, keeps the bands stretched out smooth, and prevents pressure upon the ankles. The amount of weight required must be proportioned to the resistance to be overcome, and the toleration of the patient. Sometimes five or six pounds only can be borne at the outset, and an increased weight subsequently.

After a fracture has taken place the sooner the limb is put up and subjected to treatment the better. Spasmodic twitchings of the muscles are controlled, and the patient made comfortable from the outset. To permit the application of lotions to the seat of injury during the first few days, the bandage should not be carried above the knee, and the ends of the plaster should be rolled up and kept in reserve. At the end of six or eight days the plasters may be extended up on the thigh, and the bandage continued over them. The coaptation splints are now to be applied around the thigh and secured by the three elastic bands. To complete the apparatus the perineal band should be adjusted and its ends fastened to the head of the bedstead, so as to be in line with the axis of the body and limb. The limb should be raised on a hair cushion sufficiently to keep the heel from pressure.

In the employment of this method of treatment, experience has shown that in a large majority of cases the use of the perineal band may be dispensed with, the weight of the body being sufficient to resist the extending force. The resistance may be further increased by raising the foot of the bedstead five or six inches above the floor.

Advantages of the Method.—The advantages claimed for this method over others heretofore in use, are its great simplicity of arrangement, facility of management, and especially the the comfort it affords the patient during a long confinement in bed. The efficiency with which the uninterrupted extension of the limb can safely be kept up, secures, it is believed, better results than have been obtained by any other method. The sitting posture may be allowed without disturbing the action of the apparatus; an indulgence for which patients are always very grateful, and one which greatly alleviates the irksomeness of their condition. The materials required for employing this treatment are obtainable under almost any circumstances, the only indispensable article being adhesive plaster. If this is of the ordinary description, it is better to use it of double thickness. All the other articles requisite may be improvised. The elastic band may be dispensed with, and a round stick properly placed across the foot of the bedstead may serve instead of a pulley.—*Buffalo Med. & Surg. Reporter.*

Fracture of the Superior Maxilla. By DR. A. GUERIN.

DR. GUERIN discusses this subject in reference to this displacement or not of the fractured bone, and he suggests a new method of distinguishing the fractures when displacement has not taken place. He holds that there exists fracture of the superior maxilla without displacement, and that in such cases mobility and crepitation are difficult to discover. But considers that pain produced by pressure over the internal plate of the pterygoid apophyses is pathognomonic sign. He believes also that it is more easy at the end of several days to discover the mobility of these apophyses than of those of the maxilla. Lastly, he states that the ascending apophysis of the palatine bone is necessarily broken, and that he possesses a preparation showing that fracture of the vertical plate of the ethmoid occurs coincidently with fracture of the maxilla and pterygoid apophysis.—*Archives Generales de Medicines.*

A New Remedy in Gonorrhœa. By J. S. PRETTYMAN, M D., of Milford, Del.

IN July, 1859, while narrowly observing the effects of oil of erigeron administered in a fearful hæmoptysis, Dr. Prettyman was led to suspect that it would prove a useful remedy in the treatment of gonorrhœa. Acting upon this presumption, he im-

mediately commenced giving it to a patient then under his care, in whose case all the vaunted specifics had most signally failed. He improved at once, and was speedily cured. Since that date Dr. Prettyman has prescribed it in about fifty cases, with unvarying success. It arrests the discharge in about seventy-two hours, and effects a cure in from six to eight days. He does not recommend it as a specific in all cases, but designs merely to bring it to the notice of the profession as an exceedingly valuable medicine in this disease. Of course all scientific medical practice is based upon the well-known pathological condition of the structures involved, and this is our unerring guide. When, in recent cases, the urethral inflammation is severe, his plan is to precede the remedy with a full dose of some active hydragogue. A good formula is: *R.*—Pulv. senna, ℥j; pulv. jalapa, ℥j; pulv. aromaticus, gr. x, *M.* Add a gill of boiling water and a teaspoonful of sugar, and when sufficiently cool, agitate and swallow at a dose. As soon as this operates, give ten drops of the oil on sugar, and three hours later a full dose of spts. æther. nit. in fus. althea, and so on every three hours alternately until the cure is complete. If the case is not recent, or there is but little urethral irritation, the oil alone is sufficient.

Dr. Prettyman has used it also in combination with copaiba and other articles, and found such preparation to answer a good purpose, but no better than the oil alone.

The oil which he uses is reputed to be that of the *Erigeron Canadense*; but he presumes that from the *Philadelphicum* is equal if not superior for this purpose.—*Amer. Jour. Med. Sciences*, July, 1866.

Gonorrhœa in the Male.

MR. BARWELL has for years past treated gonorrhœa as a simple non specific disease, avoiding the copaiba, which by disordering the stomach and causing loss of appetite, depresses the health, and is apt to increase or lengthen the disease. In case of a first attack, in which inflammation runs high, a purge, hot bathing, and an alkaline medicine, either diuretic or aperient as may be indicated, followed by an injection of sulphate of zinc—two grains to the ounce. Second or subsequent attacks may be treated without such preparation by injection, free action of the bowels being secured, if necessary, by medicine. If the patient apply on the first day of the discharge showing itself, a week may often suffice to check it. More chronic cases may be advantageously treated with tannic acid—three or four grains to the ounce; and, in order that the fluid may remain longer in contact with the mucous membrane, it may be thickened with starch or sugar. Mr. Barwell has not found that orchitis follows the use of injections of the above strength more frequently than it succeeds to gonorrhœa not locally treated; and stricture is certainly a rarer sequela than to a clap allowed to run on for weeks or months.

The slight but continuous discharge of a gonorrhœa become chronic is often difficult of cure. Turpentine, either Chian turpentine or Canada balsam, with black or Cayenne pepper, is frequently useful. Tincture of steel and tincture of capsicum often avails. As a pepper, cubebs will have a similar effect; but it is not better, and is more clumsy, than the above named sorts. The most certain and efficacious treatment is by an ointment containing from three to five, and even to ten, grains of nitrate of silver to the ounce of lard. A small bougie smeared thickly with the ointment is passed from half an inch to an inch and a half down the urethra, and left there for half a minute or more; and this should be repeated at least every other day. In general, commencing with the mildest ointment, one need not increase the strength beyond five grains to the ounce. In only one obstinate case was it used ten grains to the ounce; but the patient got well without a bad symptom.—*Lancet*.

The Permanganate of Potash in the Treatment of Carbuncle.

THE beneficial effects resulting from the local use of permanganate of potash in the treatment of sloughing ulcers, phlegmonous erysipelas, and hospital gangrene, having been most thoroughly tested and proved during the last year of the war, in army hospital life, it occurred to me that its peculiar remedial qualities would alike prove successful in the most painful and distressing lesion, carbuncle, originating, as it always does, from a depressed vitality, and a morbid condition of the blood. The most satisfactory and encouraging results have been obtained in the only cases in which I have had an opportunity to employ it.

Mrs. R., æt. about 60 years, was visited, during the absence from town of her family physician, and found suffering terribly from a carbuncle located upon the left shoulder-blade, just above the spine of the scapula, and occupying the supra-spinous fossa. Loss of sleep, constant pain, and naturally nervous temperament combined, induced a mental disturbance almost amounting to delirium. The tumor was in its sixth day, with all the general accompaniments, of the size of a hen's egg, tumid, tense, and shining. A free crucial incision had been made two days before, but with no relief; dense areolar tissue, puffy granulations, and sanious oozings crowded the track of the knife, with no appearance of separation or healthy action. The pulse was quick and compressible, 110 beats to the minute; countenance anxious and expressive of great pain; bowels regular. A strong solution of the permanganate of potash was immediately applied with a brush, and a dressing saturated with it, covered with oil silk, placed upon the shoulder. Anodynes, beef-tea, milk punch, tincture of the chloride of iron, and quinia were administered.

The same evening, the patient was again seen, and expressed herself as being much relieved; pulse 98, and gaining in volume and elasticity. The next morning the dressing was removed, and

already, although but twenty-five hours had elapsed, true pus had begun to form, the intense pain had subsided, and the patient, to use her own language, declared it a "miracle;" the pain had vanished, the fever was gone; she had slept well, and felt some appetite for food. A few days longer the potash was continued; the slough separated, and the wound healed in the short space of one week.

Mr. C., æt. 50 years, shoemaker; was visited July 30th, 1866. Had been sick three days, was found suffering intensely from a carbuncle, situated upon the abdomen just below the umbilicus, of the size of a large walnut, and involving the surrounding structures in an erysipelatous inflammation. Bowels constipated; high fever; pulse 120; heavy breath; tongue furred; anxious countenance; restlessness and general uneasiness characterized his principal symptoms. Hop and laudanum poultices had been applied, but he had been gradually growing worse, and approaching the condition described, the tumor increasing daily, the parts becoming more dense, and at last an ichorous pus exuded from several small openings. Mild purgation, after which supporting and stimulant treatment was instituted. A slight incision was made, and the permanganate applied, as in the previous case, the dressings being removed once in twenty four hours. This case was seen seven days successively; the 13th of August he returned to his work, the severity of the suffering having been arrested after the first application.

Mrs. A., æt. about 49 years, having suffered a few days from a supposed furuncle, and the pain becoming intolerable, called in medical aid. There was found upon the inner face of the left thigh just below the nates, a well-marked, though small, carbuncle; a very slight incision was made and the potash dressing used. No constitutional treatment at all was inaugurated; in three days all signs of carbuncle had disappeared, and the line of incision was healing nicely.

The results in this case were mutually gratifying, from the fact that about six years ago the patient suffered from a series of carbuncles, appearing in succession, along the spinal column, from the back of the neck to the region of the lumbar vertebæ, and, lasting all through the winter months, her dread and fear of similar suffering were very great. The permanganate of potash has been eminently successful with me in the treatment of chronic ulcers. The following case, of many years' duration, and which had resisted all efforts, yielded to the remedial properties of this preparation.

Arthur M., tavernkeeper, æt. 45 years, had a chronic indurated ulcer, of 16 years' standing, extending over the superior face of the right leg, about four inches below the tubercle of the tibia, and spreading backward on both sides to the malleoli, covering a surface of about twenty eight square inches, deep and burrowing in some localities, and in others merely superficial; the whole leg and foot were much swollen and anasarcaous; the toes merely pro-

truding from a shapeless mass of flesh closely resembling the foot of a young elephant. An ichorous discharge of a horribly offensive character, together with filthy dressings, augmented the destruction of the surrounding parts

The advice of an eminent surgeon had been secured a few weeks previously, to the effect that but one alternative remained, amputation; and, indeed, all appearances favored such a decision. Proper abstinence, tincture of iron, and good diet were directed. The local use of a strong solution of the permanganate of potash and judicious bandaging have already done so much for this case that, at the date of writing, the tenth application of the potash, six square inches, will more than cover the small amount of ulceration remaining, so rapid has been the healing process and the formation of firm, healthy tissue; and, in a few days more, we confidently prognosticate a complete cure.—

Treatment of Infantile Syphilis.

DR. R. FORSTER, of Dresden, gives the results of observation made on sixty-eight cases in a period of nine years and a half, with regard to the medical treatment of infantile syphilis, and on certain circumstances connected therewith. He first calls attention to the fact, that syphilis appearing in newly-born children or soon after birth, generally in the form of pemphigus, is almost inevitably fatal; while the prognosis is more favorable the farther the appearance of the disease is removed from the period of birth.

Dr. Forster divides his cases into two classes: 1, children under a half a year old, and 2, children above that age. As bearing on the question whether syphilis can be communicated through the milk, the first class is divided into children which were sucking, and those which were not. The 68 children (28 males and 40 females) varied in age from 12 days to $4\frac{1}{2}$ years: 45 (about 66 per cent) recovered, and 23 (or 34 per cent.) died. In five cases there was a relapse; in one there was two relapses. Of 36 children who at the commencement, and generally through the course of the treatment, continued to suck, only 6 died; while of 18 children of similar age who were deprived of the breast, 13 died. It also appears from Forster's statistics, that artificially fed children are more imperilled, the earlier the syphilis has appeared. In the 36 cases, the children were, with one exception, suckled by their own mothers; only one by a nurse.

There is, according to Forster, no certain proof that an infant suffering from hereditary syphilis can infect its mother. The treatment employed by Forster was chiefly mercurial. Of the 68 cases (increased to 74 by the relapses), protiodide of mercury alone was given in 61 cases; in 21 other cases antisyphilitic remedies were given with mercury; in 2 only no mercury was used. Forster admits that diarrhœa sometimes follows the use of protiodide of mercury. But, he says, often enough occurs in infan-

tile syphilis when no mercury has been given, and that it did not increase, but diminished when the use of protiodide was commenced. He gave the medicine in doses of from one twelfth to one-eighth of a grain twice daily, generally with powdered gum. Wine was also sometimes administered. Mercurial vapor-baths were not used, because their administration cannot be always entrusted to the attendants, and because the quantity of mercury taken into the system is less accurately defined than when it is given internally.

In two cases only, of small atrophic artificially fed children, inunction was employed. Dr. Forster never found salivation to be produced in any of his cases, although large amounts of mercury were used. Of the 51 cases treated with protiodide of mercury, 17 died and 34 recovered. The quantity of the protiodide taken by the latter varied from $2\frac{1}{2}$ to 8 grains; the average being $5\frac{1}{2}$ grains. The duration of treatment varied from $2\frac{1}{2}$ to 13 weeks, the average being $5\frac{3}{4}$ weeks. But if the time occupied in treating the diarrhoea, debility, etc., be included, the average is increased to 8 weeks.

A NEW FOOD.—Mr. Hullett calls attention to the value of Chinese sugar grass (*Sorghum tartaricum*) as a valuable addition to our cereal crops. It bears six or eight times the quantity per acre than what wheat does, makes capital bread, whilst the leaves and shoots are good for cattle.

AN HERBALIST at York has been committed for manslaughter for causing the death of a child by administering a mixture containing laudnum, which he called Godfrey's Cordial.

A ROYAL decree has been issued from Brussels provisionally prohibiting fairs and markets for cattle of all kinds.

At a grand dinner recently given in Paris, the principal dishes were shark, horse, dog, and rat.

The Ohio State Medical Society.

JUST as the last pages of this number are going to press we have received from Dr. McDermont, on behalf of the Executive Committee, the following notice of arrangements for the meeting at Yellow Springs:

The Ohio State Medical Society will hold its next annual meeting at Yellow Springs, on the second Tuesday of June.

The Executive Committee have made arrangements with the proprietors of the Yellow Spring Hotel and Neff House to accommodate the members of the Association and their families on very reasonable terms. An arrangement is being effected with the Railroad managers to secure half price tickets.

Yellow Springs is celebrated for its Chalybeate Waters and grandeur of Scenery. It is the seat of Antioch College, and is now the most popular summer resort for health and pleasure seekers of any Watering place in the West. It is situated on the Xenia and Springfield Road, about sixty miles north of Cincinnati. Being in direct communication by rail with all parts of the State, it is expected that the attendance this year will be large. The meeting of the Society will be in the Presbyterian Church, close to the Hotels.

American Sherry Wine.

OUR readers will find Mr. BLACK's advertisement in the proper place in this number. We have no new experience to offer in its use; some of our friends object to it on theoretical grounds that its chemistry must be defective; on the other hand, we have a letter from Dr. Haner of De Graff, Ohio, giving at length his experience in its use with patients requiring wine stimulus, in which he speaks in very high terms of the satisfactory results obtained. Dr. Dunlap also recommends it highly.

Bullock and Crenshaw.

We have neglected to call attention to the card of these gentlemen; it will be found in our advertising department.

NEW BOOKS—

A new edition of MEIGS' OBSTETRICS is just issued. Prof. NATHAN SMITH has just issued a work on FRACTURES OF THE LOWER EXTREMITY.

THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

JUNE, 1867.

No. 6.

Original Communications.

ART. I.—*The Public Health—Report of the Metropolitan Board of Health for 1866. New York, 1867.* By
ROBERTS BARTHOLOW, M. D., Cincinnati, O.

THIS very interesting, instructive, and every way creditable volume, embodies the work of the Metropolitan Board of Health during the past year. The favorable reports which we have had through the New York papers, of the activity and intelligence of the Board, have been more than confirmed by an examination of this printed record of their labors. It contains not only a mass of facts respecting the causes, and the means proposed for the prevention of disease in the city of New York, but but also much valuable information on the general subject of hygiene. The composition of this Board, the character of the gentlemen forming it, the ability and scientific attainments of its officers, necessarily awakened great expectations of the results of its labors. Fortunately, the Legislature of New York, in the Act creating the Board, conferred upon them plenary powers in all matters pertaining to the public health. The public press and the population of New York, except those committed to abuses by considerations of personal interests, supported the energetic measures of the Board with rare unanimity. The results of the law as exhibited in the work of the Health Board, should be a precedent for the guidance of other Legislatures and municipal bodies throughout the country.

We learn from section 2 of the "Act to create a Metropolitan Sanitary District and Board of Health therein," that within fif-

teen days after the passage of this Act, "the Governor shall nominate, and by, and with, the consent of the Senate, shall appoint four suitable persons, residents of said district, three of whom must be physicians, * * * who, with the Health Officer of the port of New York for the time being, shall be Sanitary Commissioners, together with the Commissioners for any time being of Metropolitan Police (not exceeding four, and being the present four and their successors,) shall constitute a Board of Health for the said Metropolitan Sanitary District, and said Board shall be denominated the 'Metropolitan Board of Health!'" etc. Drs. James Crane, Willard Parker, John O. Stone, and Mr. Jackson S. Schultz, were appointed Sanitary Commissioners by the Governor. Having organized by the selection of Mr Schultz as President, the Board appointed Dr. Edward B. Dalton, Sanitary Superintendent, Dr. John T. Conkling, Assistant Sanitary Superintendent, Dr. Elisha Harris, Registrar of Vital Statistics, Dr. R. Cresson Stiles, Deputy Registrar of Vital Statistics. In addition there were appointed by the Board fourteen Sanitary Inspectors, who are, in the language of President Schultz, "thoroughly educated medical men." The Standing Committee on sanitary matters consists of Drs. Parker, Stone and Crane. It thus appears, that the Health Organization, proper, is formed chiefly, of medical men.

This wise legislation, and the judicious appointments under it, but, more especially, the practical results accomplished, have silenced the cavils of those who oppose the selection of medical men for these duties, upon the pretext of differences of opinion amongst them, as respects the origin and propagation of diseases. But the public press and the City Council of Cincinnati have distinguished themselves by acting upon this puerile pretext, and in the organization of the Health Board have excluded medical men from all participation in it. Let us see how far the result will justify their action. If the Cincinnati Board of Health, invested by law with similar powers, will accomplish as great a work as the Metropolitan Board, then, we will be prepared to admit that gentlemen in mercantile and business pursuits, are equally qualified to solve the various scientific problems connected with public hygiene. But, until they give us the evidence of their qualifications we shall be inclined to adhere to the maxim of Apelles, *ne sutor ultra crepidam*. The success attending the efforts of our Board of Health during the past cholera season, was due largely

to the influence of the medical members; and the present Board will, in all probability, have the good sense to execute their purposes and plans. Beside this, they can only carry out the suggestions of the Health Officer. They can in no sense advise or direct him. But they may serve the useful purpose of warding off the blows which would otherwise fall upon that officer in the performance of those duties which bring him in conflict with the prejudices and interests of the nuisance makers. In making these observations we by no means intend to reflect upon Dr. Clendenin, the Health Officer, who is, we are happy to say, competent, energetic and fearless. But the Board of Health should be able to afford the Health Officer not only moral support, but should be competent to advise in all questions pertaining to the public health.

The volume before us consists of a collection of reports: from Mr. Schultz, the President, to the Governor; from the Treasurer; from the Sanitary and Assistant Sanitary Superintendents—which include reports from physicians in charge of cholera hospitals; from the Registrar and Deputy Registrar of Vital Statistics; from the Engineer, and from the Attorney. The most important of these, both as respects the quantity and quality of the matter contained in it, is that of Dr. E. Harris, Registrar.

We find in the report of Mr. Schultz some interesting statistics as to the influence of hygienic improvements upon longevity. "In Geneva the average length of life is now forty-five years. In 1833, and ten years previous, it was forty years and five months. Two hundred years ago, the average period of life in that city and Canton, was only 21 years. * * * In England, in 1801, the mortality was 1 in 44; since 1840, it has been 1 in 45. * * * The death rate in the most populous city of the world has decreased as sanitary measures have been adopted—the prevalence of epidemic diseases occasionally occurring to prevent the diminution from year to year. The same diminution is noticed in American cities with the exception of New York." This fact is shown in the following statistics:

"In Boston, 1855, the mortality was 1 in 39.

In Boston, 1863, the mortality was 1 in 41.

In Providence, 1854, the mortality was 1 in 36.

In Providence, since then, the mortality was 1 in 43 to 57.

The present mortality of London, is 1 in 45.

• Liverpool, 1 in 44, and Philadelphia, 1 in 44 to 57."

New York, with its bountiful supply of water and more eligible situation, when compared with London, has increased its mortality from 1 in $46\frac{1}{2}$ to 1 in $33\frac{1}{2}$." That the mortality rates have increased in New York rather than diminished, is due to a variety of circumstances, which are set forth in these reports.

"The first, and at all times, the most prolific cause of disease," says Dr. Dalton, Sanitary Superintendent, "was found to be the very insalubrious condition of most of the tenement-houses in the cities of New York and Brooklyn. These houses are generally built without any reference to the health and comfort of the occupants, but simply with a view to economy and profit to the owner. The provision for ventilation and light is very insufficient, and the arrangements of water-closets or privies could hardly be worse, if actually intended to produce disease. * * * The drainage of a very imperfect character, in many instances had no connection with the sewer, but consisted simply of surface gutters, by which all house slops, not unfrequently mixed with urine, and even fecal matter, were conducted across the side-walk into the street.

Next in importance to badly constructed tenement houses, as causes of disease, deficient drainage takes rank. "In many instances," says Dr. Dalton, "the fluids of the different sinks, wash-basins, and water-closets, on the successive floors, were conducted by pipes, devoid of traps, to a common wooden drain, of inadequate dimensions, running immediately beneath the basement floors of contiguous houses, and thence, passing sometimes into a street sewer, and sometimes into vacant lots of a low level, where accumulations resulted, from which offensive exhalations were constantly given off."

Filthy streets and alleys, stables and cow-yards, slaughter-houses, fat-melting, bone-boiling, and gut-cleaning establishments, coal-gas manufactories, were prominent amongst the nuisances. To these various causes combined, the New York sanitarians attribute the gradual decline in the public health of that city, in the face of the gradual improvement taking place in all other civilized communities.

The report of Dr. Elisha Harris, the accomplished Registrar of Vital Statistics, is full of valuable matter. Our space will permit only the presentation of a few of the very interesting and important facts he has collected.

It appears that about one-half of the annual mortality, from all

causes, is produced by this class of zymotic diseases. "Born of sanitary neglect, and matured by filth and putrid fermentations, these maladies so point out the localizing conditions of epidemics and ill-health, that the daily study of them is regarded as one of the first duties in the Bureau of Vital Statistics." This portion of the report is illustrated by elaborate statistical tables, showing the deaths from zymotic diseases by wards, for each month, and the deaths from all causes for each quarter.

In that portion of the report which treats of registration of marriages, we find some interesting statements. The yearly marriage rate in New York is about 1 in 88. In Boston it is about $15\frac{1}{2}$ in 1000; in Providence, $12\frac{1}{2}$ in 1000. Dr. Harris notes the increased longevity and diminished mortality of the married as compared with the unmarried, quoting in illustration the tables of M. Legroyt, and the papers of Dr. Farr.

Under the head of "distribution and density of population" we learn that "the population density ranges from less than five thousand to the square mile in the Twelfth, to one hundred and forty-five thousand, seven hundred and fifteen, in the Fourth and Sixth Wards." In some of the tenement house regions "the actual rate of crowding is 250,000 to the square mile." "In the city of New York, sanitary science will be compelled in a very few years, to show how two millions of people are to be kept in health, upon an area of less than twenty square miles of dwelling space. The demand will not be made in vain; for difficult as the problem is, it is entirely practicable to protect the health and give fresh air and domestic comfort to two hundred thousand people upon a single square mile. But as we have seen this year, a population less than ten thousand to the square mile on the summit of the ridge west of the Central Park, dwelling where nature is most favored by constant breezes, yet in the atmosphere of their own excrement and refuse, is doomed to perish in enormous numbers, and by entire families, at the first breath of an epidemic."

The reports embrace a great variety of facts in regard to the origin and propagation of cholera during the past season. We have not the space to devote to the consideration of these facts. Nothing new as respects the treatment of cholera appears to have been produced by the physicians of New York. Dr. White, "Assistant Sanitary Inspector, in charge of Red House Hospital," speaks approvingly of the method of treating cholera proposed by

Dr. John Davis, of this city. The distinctive feature in the management of the cholera epidemic was the thorough and energetic system of disinfection pursued by the Health Board.

"The practical application of disinfectants was soon reduced to a simple system, which was followed in every case, and with apparently satisfactory results." The Board established a "disinfectant depot," for the preparation of disinfectants, and for experiments as to their comparative efficiency. The process of disinfection, as applied in infected districts, consisted, says Dr. Dalton, in putting sulphate of iron, either in saturated solution, or dry, if used in wet places, in privies, and all vessels containing dejections from the bowels, and in all places where such dejections had been deposited. An ordinary privy, six feet in diameter, and twelve feet deep, required twenty pounds of sulphate of iron for its thorough disinfection. All bedding and clothing soiled or used by the patient was boiled in a solution of permanganate of potassa, of the strength of one ounce to five gallons of water, for two hours, and then removed and re-boiled in pure water. Chlorine was disengaged in the room, and chloride of lime was scattered freely about the floors of the rooms and halls of the house. "The place of disinfection, already described," continues Dr. Dalton, "has given entire satisfaction as regards the dejections, clothing and other immediate surroundings of the patient; but, frequently, the recurrence of successive cases in tenement houses, showed that the power of such measures was too limited, and at an early date general fumigation of such buildings was resorted to, either with chlorine or sulphurous acid gas. The process was this: All tenants were removed from the house, being allowed to take out nothing more than the clothing upon them. All the windows and chimneys were closed. The gas was then set free in quantity, if chlorine, by the addition of sulphuric acid to chloride of lime; if sulphurous acid, by the burning of sulphur in large open pans, supported upon long iron legs. The man employed commenced the process upon the upper floors, and descended, leaving the pans in operation on the different floors, and finally closed the street door. The house thus filled with gas, was left undisturbed for from eight to twelve hours. It was then opened and freely aired, and the tenants allowed to re-occupy. The first house treated in this way was an emigrant hotel in the lower part of State street. Three cases of cholera occurred in this house within a period of thirty-six hours, and a large number of the

boarders were attacked about the same time with diarrhœa. The proprietors were notified that all guests must leave and the hotel be closed. This was promptly done. The house was then thoroughly fumigated with chlorine, and kept so for twenty-four hours, when it was opened and aired. It was then cleansed throughout and the walls freshly whitewashed. At the end of ten days the hotel was re-opened, and very soon crowded with lodgers. No case of cholera, or other disease of any moment, has occurred there since. Subsequently to that a large number of houses were fumigated, after cholera had occurred in them. Sometimes chlorine was the agent, and at others, sulphurous acid. They have proven equally satisfactory, though in far the largest number the latter was used. In the great majority of instances fumigation was followed by immunity from disease. In a few, however, cases have occurred subsequently to the process, but they have seemed the result of renewed exciting causes."

The preceding extracts will give the reader an impression of the character of this volume. Although Dr. Sayre was pleased to observe at the late meeting of the National Medical Association in this city, that this volume deserves no mention in a report on medical literature, we must venture to differ from him, and we have no doubt, our readers will agree with us in the high estimate which we place upon its value. Indeed, we might assert that if Dr. Sayre considers this volume unworthy of a place in the annual record of medical literature, he is either not competent or a to prejudiced judge, to give a correct opinion.

ART II.—*A Case of Ovarian Disease.* By S. HART,
M. D., of Camden, O.

MRS. A.—B—. Age 35. Married at 16. Eight months after marriage a tumor made its appearance in the region of the right ovary. Was examined by Dr. Mussey, sen., within two years after the appearance of the tumor, who pronounced it an ovarian tumor. Three years after her marriage she became pregnant, and had a good delivery of a daughter. For years afterwards her general health was good. I was called to see her on the 9th of December, 1865. This was ten years after the birth

of her daughter. Found the abdomen much distended with fluid; pulse 120, quick, sharp; complained of intense pain in right hypochondriac region; uterus completely prolapsed, lying externally between the thighs; found it impossible to displace it on account of the great distention of the abdomen.

Her sufferings were so great that I finally thought it necessary to tap her, in order to give relief and prolong her life. Called in consultation Dr. John Whittaker and Drs. Dunham and Ferguson, and on the eighth day after my first visit we performed the operation, and drew from her thirty-four lbs. of tea green fluid, which gave speedy relief to the patient, and left her in a comparatively comfortable condition, though exceedingly feeble. After the evacuation of the fluid I was able to reposit the womb. This organ appeared in all respects healthy except that there was a discharge of sanious offensive matter from it, which I supposed to come through the fallopian tube of the right side, as I could discover no evidences of disease in the uterus itself. I tried various means of medication to improve the health of the patient, but derived little satisfaction from any, and confined myself at last to moderate stimulation and nourishing diet. In forty four days the fluid had accumulated again to such an extent as to render another tapping necessary. We obtained this time thirty-six lbs. of fluid. In twenty-one days we tapped again, and obtained twenty-four lbs. After this the patient began to improve rapidly, the pulse sank to 100, grew soft and regular; her appetite returned, her spirit rose, and her strength increased. In two weeks tapped again, and obtained twenty lbs. of fluid: after which she was able to walk about, visited a neighbor, took a buggy-ride, and dined with a friend in the country. This improvement, however, was only temporary, and in a few weeks she was confined to her room again. I continued to tap at intervals at her urgent request. From the first operation until early in March, 1867, I tapped forty-two times, and obtained in all five hundred and seventy four (574) lbs. of fluid. March 14th, 1867, she died. A *post mortem* examination was had next day; on opening the abdomen we found the right ovary extending from the pelvis to the right tryphon hypochondriac region, attached slightly to the inferior surface of the liver, which was pushed by the enlarged ovary beyond the median line to the left side. The tumor contained a gallon and a half of fluid; two lbs. of white cherry matter, floating in the fluid, and some hair; at its

upper end we found a bone weighing two ounces, enclosed in dense membrane, having much the appearance of an *os innominata*, with several vertebra attached. The left ovary was enlarged to the size of a child's head at birth; was filled with hair, and half a pint of fluid fatty matter; all the abdominal viscera were healthy in appearance. The thorax was not opened.

Was this simply a case of ovarian dropsy, accompanied by the formation of those organic deposits which occur sometimes so strangely in various parts of the body? Or was it not rather an instance of *ovarian pregnancy*? Taking all the symptoms presented during life, and the *post mortem* appearances, into consideration, I am inclined to the latter opinion. An ovum doubtless became impregnated before leaving the ovary, and, being, by some cause, detained in that organ, proceeded in its development in that unnatural position, producing the ovarian tumor, and, probably, the subsequent dropsy.

It may be thought by some that frequent tappings hastened the fatal result in this case, but this I doubt, for the operation was not performed at first, until by long and exhausting suffering, the patient had been reduced to the verge of the grave. Having once experienced the relief afforded by the operation, she was unwilling thereafter to endure the suffering consequent upon the accumulation of fluid, it seemed to be the only possible mode of sustaining her in that state of comfort and repose, necessary, in the weak and shattered condition of her constitution, to prolong her life.



ART. III.—*Case of Strangulated Hernia.* By J. LUDLOW, M. D., Cincinnati.

MESSRS. EDITORS:—With your permission, I make the following report of a case of Strangulated Hernia that recently occurred in my practice:

On Tuesday morning, the 25th of March, a messenger came to my office in great haste, saying a friend of his was laboring under an attack of Cramp Colic, and suffering very greatly. I questioned the messenger very closely, and by his answers became convinced that he had not Colic, but was suffering from an attack

of Strangulated Hernia. I went immediately to the patient's home, and upon examination found quite a large tumor in the right iliac region, very hard, tense and elastic; showing that the contents of the tumor were intestine and not omentum. The tumor was also very much congested, being quite dark. I also ascertained that he had had Hernia twelve years, but had never worn a truss, and had never been troubled with strangulation before.

I immediately informed him of the nature of the disease, and asked how long he had had pain. He informed me that he was suddenly attacked at five o'clock the night before—making it eighteen hours since the strangulation had taken place.

Being alone I determined to try to relieve the patient by the taxis—without chloroform. I at once applied the taxis, and kept it up firmly for the space of an hour, the patient suffering very greatly the while; at the end of that time, finding that I had made comparatively no progress towards its reduction, I determined to give chloroform, which I did, and again applied the taxis for the space of thirty minutes, without making any, or little progress. I then concluded to stop the taxis and try to dilate the external ring, the stricture being there. I began by introducing the point of the index finger of the right hand. I found that the pillars of the ring were very tense and rigid, and the ring so small as not to allow the tip of the finger to enter. I kept up the pressure, under chloroform, very firmly for the space of a half hour, and then the finger entered quite freely into the ring. I then removed the finger and again applied the taxis firmly for some twenty minutes, when I had the pleasure of feeling the return of the intestines into the cavity of the abdomen with that peculiar gurgling sound.

I look upon the dilation of the external ring as of the first importance, and it ought always to be employed when the stricture is at the external ring; *this* being the reason, I believe, that I succeeded by the taxis, and did not have to operate.

The after treatment consisted of opium internally and cold water dressings for twenty-four hours. I then moved his bowels with castor oil and turpentine, and after a day or two I applied a truss, and he is now at work a well man.

Translations from the German.

Laryngeal Abscesses. Translated from the German, by G. BRUHL, M. D., Cincinnati.

THE "Berliner Kilinische Wochenschrift" contained an article on Laryngeal Abscesses, by Dr. Gottstein. These abscesses are very seldom met with, and before the laryngoscope enabled us to examine the interior of the larynx, they were found only after having made an exit to the exterior surface, or on the dissection table. They are first spoken of by Roland of Parma, in the 13th century, who, having opened an abscess of this kind, from the successfull result, came to the conclusion that wounds of the larynx were not of great danger. Morgagni, however, was the first, who relates two cases of suffocation caused by the formation of pus in the larynx. Later other cases were reported by Ceyol, Latham and Perceival, but without any practical gain for pathology, being simply associated to the chapter of laryngeal phthisis. But not before Bayle's examinations on œdema glottidis had excited a general discussion of the diseases of the larynx producing suffocation, and the treatises of Albers on perichondritis laryngea had directed the attention more and more to this subject, the pathological and clinical signification of the formation of pus within the larynx was more perfectly understood.

First the abscesses produced by simple laryngitis were separated from those following inflammation of the cartilages. Cruveilhier, combating the views of Bayle on œdema glottidis as a mere serous exudation, and proclaiming submucuous laryngitis a distinct morbid form, mentions amongst its terminations the formation of pus. In the first case, however, reported by him, the abscess was of a different form; the observations of circumscribed abscesses were but rare, having been recognized only on the dissection table or after having found their way to the exterior.

Hitherto belongs the case of Lænnec, which occurred in a student of medicine, who suffocated during the convalescent stage of a malignant putrid fever from œdema glottidis. On the posterior wall of the larynx a rather large tumor was found, con-

taining about 16 grammes of pus. It was imbedded between the membrane of the larynx, the ascending part of the cricoid cartilage and the interior surface of the posterior lamina of the cartilago thyroidea; the cartilage itself showing no morbid change.

A similar case is reported by Rodriguez. A man had died in the convalescent stage of typhoid fever, and an abscess was discovered between the larynx and pharynx, extending down from the arytenoid to the cricoid cartilage. Berger relates the case of a soldier, who apparently healthy, was attacked by laryngitis. On the second day severe dyspnœa set in, causing his death the very same evening. On post mortem examination a tumor of the size of a pigeon's egg was detected between the arytenoid cartilage and the left plate of the thyroid on the superior margin of the cricoid cartilage almost entirely occluding the rhima glottidis. That in this case the abscess did not date from the previous day, but that a subacute inflammation had existed there for some time, it is hardly necessary to demonstrate. Indeed, it seems to be characteristic for these forms of laryngitis, resulting in the formation of abscesses, that they commence insidious and without any evident molesting symptoms, and finally lead to a rapid, unexpected, fatal termination by suffocation. So we find it also in Doring's case. A healthy, robust soldier, 20 years of age, complained of a slight pain in his throat, otherwise he felt even well enough to attend dress parade, at 11 o'clock, a.m., and after a hearty meal, he lays down to rest. At 5 o'clock, p.m., he is seized by a severe attack of dyspnœa, and is a corpse within a few minutes. The post mortem examination revealed œdema of the epiglottis and of the ostium pharyngeum laryngis, caused by an abscess on the epiglottic cushion, containing but twenty grains pus.

The case reported by Moller, differs from these only in its happy termination, having been recognized during life-time. A child cries incessantly with a weak, husky voice; the respiration is crupous; the pharynx appeared healthy. Exteriorly, however, on the larynx a round tumor is detected, fluctuating indistinctly. Having been opened, a small quantity of pus is emptied with great relief. Four days later a similar phenomena reappeared, the inspiratory sound is not equally rhythmical, but interrupted, as if the air entering the larynx struck on a movable, vibrating obstacle. Expiration is quiet and regular; it is these symptoms

point very strongly to an abscess within the larynx, laryngeal catheterism is tried, but without success. Neither emetics, leeches, cataplasms gave any relief. The the dyspnœ increasing considerably the next day, the catheterism is repeated. This time successfully, and a teaspoonful of green pus is discharged, with immediate remission of the alarming symptoms.

(To be continued.)

Medical Societies.

American Medical Association. — Eighteenth Annual Session.

THE Association met Tuesday morning, May 7th, at 11 o'clock, at Hopkins' Hall. For an hour previous the reception room adjoining had been crowded with delegates, presenting their credentials, enrolling their names, and receiving from the Cincinnati committees such attentions as the occasion called forth.

The Committee of Arrangements, Dr. John A. Murphy, Chairman, Drs. W. W. Dawson, J. P. Walker, R. R. McIlvaine, W. T. Brown, J. S. Unzicker, and James Graham, presented each delegate or visitor, with a neatly-printed pocket pamphlet, with cardboard cover, on the front page of which is printed "American Medical Association. Annual Meeting, Cincinnati, May 7th, 1867. This card will admit Dr.——— to the within-named places." On the second page the following: "Places of Public Interest—Court House, City Jail, Young Men's Mercantile Library, Chamber of Commerce, Theological Library, School Library, Mechanics' Institute, Longworth's Wine Cellar, House of Refuge, Protestant Orphan Asylum, Catholic Orphan Asylum, Spring Grove Cemetery, Longview Lunatic Asylum, City Buildings, Greenwood's Foundry, Water Works, Medical College of Ohio, Miami Medical College, Good Samaritan Hospital, Commercial Hospital, Steam Fire Engines."

Next is a copy of Mr. E. Mendenhall's Map of the City, stitched in and folded up in good style. Then follow sixteen pages of matter descriptive of the "Places of Public Interest" before mentioned, and numerous others, making a very creditable City Guide, for the use of strangers visiting our town.

The Committee on Entertainment, Dr. David Judkins, Chairman, Drs. C. G. Comegy's, W. H. Taylor, C. P. Wilson, T. Carroll, I. S. Dodge, and H. E. Foote, presented each delegate with a ticket to the Entertainment, or Banquet, at Melodeon Hall, Tuesday night, and another to the excursion on the magnificent Louisville Mail Steamer, America, on Thursday.

PROCEEDINGS OF THE ASSOCIATION.

At eleven o'clock, the President of the Association, Dr. Henry F. Askew, of Delaware, called the meeting to order. Rev. Dr. Storrs, of this city, offered a prayer. Dr. John A. Murphy, chairman of the Committee of Arrangements, made the following

ADDRESS OF GREETING.

MR. PRESIDENT AND GENTLEMEN OF THE ASSOCIATION:—It is my pleasant duty to meet you on this occasion, and to give you a cordial welcome to this city. I welcome you also on behalf of the profession, and of the citizens at large.

Seventeen years ago this Association honored us with a meeting. Now, as then, we are happy in having the pleasure of greeting representatives from all parts of our beloved country.

It is, then, sir, with feelings of no ordinary pleasure, that I welcome this Association—American in name, national and catholic in spirit—once more to the hospitalities of our city. Its history is bright with the names and labors of the great and good in all parts of our country.

It has harmonized the profession, elevated its tone, stimulated a desire for a higher standard of medical education, and, above all, has drawn a line as of fire between the scientific physician and the empyric, by adopting the Code of Ethics.

Its power of good is hardly to be estimated. Its yearly transactions have received high commendation. No man in the profession can be indifferent to it. Much remains to be done to make its labors still more valuable.

Without any power from the State or National Government, to execute its mandates, it must for the future, as in the past, rely on the union, enthusiasm and scientific labors of its members.

Having the highest confidence in the capacity of the Association for usefulness, and trusting that its labors may be still more conducive to the advancement of the science and improvement of the art, I bid you God-speed in your efforts, and again most heartily welcome you to our city and our homes, as distinguished and honored guests.

MEETINGS OF THE SECTIONS.

Dr. Murphy announced the places of meeting of the different sections of the Association, viz :

Anatomy and Physiology—Medical College of Ohio, Sixth street, between Vine and Race.

Chemistry and Materia Medica—Medical College of Ohio.

Medical Jurisprudence and Hygiene—Medical College of Ohio

Psychology—Dental College, College street, between Sixth and Seventh.

Practical Medicine and Obstetrics—Dental College.

Surgery—Medical College of Ohio.

Meteorology, Medical Topography and Epidemic Diseases—Medical College of Ohio.

ENTERTAINMENTS AND RECEPTIONS.

Dr. Murphy also announced, besides the entertainment Tuesday evening, the following :

PRIVATE RECEPTIONS.

On Wednesday, May 8th, at 4 p.m., by Mr. Mrs. George H. Pendleton, at their residence in Clifton. Carriages will leave Hopkin's Hall at 2½ p.m.

On Thursday evening, May 9th, at 8 p.m., by Mr. and Mrs. Larz Anderson, northeast corner of Pike and Third streets.

On Thursday evening, May 9th, by Hon. C. F. Wilstach, at 8 p.m., No. 559 West Court street.

On Thursday evening, May 9th, at 8 p.m., by Dr. and Mrs. George Mendenhall, No. 197 West Fourth street.

On Thursday, at 12 m., May 9th, steamboat excursion in honor of the American Medical Association, by the City Council of Cincinnati. The steamer America will leave the landing at Vine street, at 12 m., precisely.

The Chief of the Fire Department, Enoch Megrue, Esq., will give an exhibition of the Steam Fire Engines, Thursday morning, at 9 a.m.

Messrs. W. P. & F. P. Anderson, proprietors of Longworth's Wine House, will receive the delegates at 9 a.m., Friday, May 10th, at No. 113 East Sixth street.

Excursion to Longview Lunatic Asylum. Reception by the Superintendent, Dr. O. M. Langdon, Friday, May 10th, at 4 p.m.

A special train will leave the Cincinnati, Hamilton & Dayton depot at 3½ p.m.. for the Asylum.

THE PRESIDENT'S ADDRESS.

Dr. Askew, the President, then delivered his inaugural address, an hour in length, but pertinent and important as it was comprehensive. He first referred to the origin of the Association, and sketches its usefulness in its history for the past eighteen years, showing how it elevated and rendered more efficient the medical profession in the United States. The membership included about three thousand practitioners, scattered in every section of the country, through whose influence the Association was disseminated and exerted among the profession at large. The printing of the reports and papers submitted to the Association, in the volume of annual published proceedings, was instrumental in spreading a knowledge of the facts discovered and experimented upon by the more scientific.

He called attention to the fact that never more than 1,100 of these volumes had been distributed, and of late years, only 500 volumes, whereas they should be in the hands of every intelligent and progressive physician.

He treated briefly of specialities in medicine. He admitted that the science of medicine, in connection with the endlessly varied forms of disease, was too vast to be comprehended fully and practically by any one mind, and therefore devotion to any one or a few branches of the art of curing disease was not to be condemned; but he suggested that, inasmuch as the special practitioner was likely to be unfamiliar with and unskilled in regard to the general symptoms or general causes of special diseases, consultations between the special and general practitioners would be conducive of good results. Neither should entirely ignore the other.

In regard to empiricism, the President said the profession was in some degree responsible for its existence. It had formerly frowned upon all dissemination of medical knowledge among the people, leaving them the prey to pretenders. The teaching of physiology, botany, etc., in our schools, was a step in the right direction, which he hoped would be continued in other departments of medical knowledge.

The subject of a better grading and more thorough instructions in medical colleges was urged upon the consideration of the Association.

The practice of using opium as a stimulant, by respectable people, who condemn the use of intoxicating drinks was adverted

to, and its destructiveness of health and life urged as considerations why physicians should exert their influence to check the evil; that influence might be brought to bear upon our Legislatures, to secure enactments against the sale of the drug, except on prescriptions.

REPORTS OF COMMITTEES.

Were next called for, according to the following printed order:

1. On Quarantine, Dr. Wilson Jewell, Pennsylvania, Chairman. Not present; subject dropped.

2. On Ligature of Subclavian Artery, Dr. Willard Parker, of New York, Chairman. Postponed for the present.

3. On Progress of Medical Science, Dr. Jerome C. Smith, New York, Chairman. No report ready, and were discharged.

4. On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Massachusetts, Chairman. Postponed for the present.

5. Drainage and Sewerage of Cities, etc., Dr. Wilson Jewell, Pennsylvania, Chairman. Absent in Europe; committee discharged.

5. On the Use of Plaster of Paris in Surgery, Dr. James L. Little, New York, Chairman. Report ready, and referred to the section on Surgery.

7. On Prize Essays, Dr. F. Donaldson, Maryland, Chairman. Passed.

8. On Medical Education, Dr. S. D. Gross, Pennsylvania, Chairman. Passed.

9. On Medical Literature, Dr. C. A. Post, New York, Chairman. Passed.

10. On Instruction in Medical Colleges, Dr. Nathan S. Davis, Illinois, Chairman. Made special order for Wednesday morning at 10 o'clock. Also, the report on Medical Education, No. 8.

11. On Rank of Medical Men in the Army, Dr. D. H. Storer, Massachusetts, Chairman. Verbal report, and committee discontinued.

. SURGEONS IN THE NAVY.

This paper, by Dr. Pinckney, a surgeon in the United States Navy. excited a great deal of interest and approbation. It was a most bitter but dignified protest against the discrimination made between officers of the line (military men purely) and the surgeons in the naval service in regard to title, pay and official and

social privileges. He contended that while men of the medical profession were everywhere recognized as the equals of those in other professions, in the navy they were degraded below the military, inferior in age, experience and rank.

He said :

Our service is overgrown with usages which sprang up in the earlier and ruder ages of naval life, and still cling to it with a power and tenacity which almost defy modern enlightenment, progress, and even law. It is probable that the national authorities which organized the existing rank of medical officers intended to confer a more substantial fact than the usages of shipboard life have permitted. Among the usages of the service is that which limits an officer's rights and comforts to the apartments in which he messes, even though his rank actually entitles him to higher privileges and greater comforts than belong to those of an inferior rank who make up the majority of the inmates of that apartment. The steerage is the most humble of those apartments, and is the dwelling place of the very young, or those of no responsibility. The ward room gathers in it most of the commissioned and some warrant officers, and was originally occupied by none of higher rank than lieutenant. All its usages and government are still conformed to the scale of that grade.

Now, make a medical officer in name an admiral, and leave him to be ward room officer, and the title becomes ridiculous. It is sunk below the usages and restrictions originally designed for those of junior years and inferior rank.

There is only one mess which is superior to these restrictions, and that is the mess or messes of the commanding officers, and their associates, who may range in rank from a Lieutenant Commander to an Admiral. Sometimes there is one, sometimes two, of those messes. This is very properly left to the will of the Commander-in-Chief, who may choose that he and his Captains may have one or separate establishments. The Assistant Surgeon enters the service with the rank of "Master." That this title may not be misunderstood, it may be necessary to explain that it is the lowest rank in the ward room. For the incumbent is in modern times generally a graduate of the Naval Academy, await-his promotion to Lieutenantcy. Like the "Master," the Assistant Surgeon at once becomes a member of the ward room mess, and unless the number of partitioned-off sleeping berths contained in the ward room are occupied by his seniors, he may have the good

fortune to occupy one of those that are dimly lighted by an air-port six inches in diameter. The space is so restricted, and the separation from the common apartments is so slight, that words in an ordinary voice in another, become common property. After further presenting the discriminations against Medical men in regard to ship-board accommodations, the Doctor said :

"The general law is that no officer shares in prize money unless his name be borne upon the books of the vessel making the capture ; but the Admiral, or Commander-in Chief, has a per centage of all prizes made. The fleet Surgeon, as a member of the Commander-in-Chief's staff, must be with him in the flag ship, and as a rule, at the post of greatest risk, responsibility and hazard, consequently, he is not likely to have his name borne upon the books of subordinate vessels making captures, and yet no share of prize money is allowed him."

This report suggests the following as the remedy for these evils :

1. After they have reached the rank of Commander, or are filling the position of Fleet Surgeon, let them be by right, as they often have been by courtesy, members of the cabin mess. If the mess of the Commander-in Chief be too exalted a social position for the members of your profession who are filling the important position of Fleet Surgeon, then let them be members by right of the mess of the Commander of the ship and the Fleet Captain.

2. An equitable arrangement of prize money, most important in principle, your Committee hope to see effected. It will, however, require future legislation.

In European countries, the Doctor said, more liberal regulations prevail in regard to naval surgeons than in Democratic America.

The late Admiral Foote, so justly distinguished for his large medical liberality, advocated the highest rank for naval medical officers. An Admiral among the most distinguished in the service, has authorized it to be officially said that he thought the Fleet Surgeon should, in our service, as in the French, be a member of the Commander-in-Chief's staff and family. We regard it as opposed to the public interests of the service, which can never be sacrificed to gross indignity without detriment.

The Committee offered the following resolution :

Resolved, That a special committee of five be appointed by the President of the Association, to present this subject before the President of the United States and the Secretary of the Navy, and urge the adoption of the changes proposed.

The resolution was adopted with a universal aye, the report having been received with prolonged applause.

13. On Insanity. Dr. Isaac Ray, R. I., Chairman. Not present. A motion was made to drop the subject, when Dr. Storer suggested that it be continued, and remarked upon the fact that Superintendents of Insane Asylums, of which Dr. Ray was one, held that the Medical Profession generally had no business to know anything about insanity in a medical point of view. He referred to numerous instances in which they manifested this exclusiveness. The matter was passed for the present.

14. On American Medical Necrology. Dr. C. C. Cox, Md., Chairman. Report ready, but deferred till Wednesday morning.

15. On the Causes of Epidemics. Dr. Thos. Antisell, D. C., Chairman. Not present.

16. On Compulsary Vaccination. Dr. A. N. Bell, N. Y., Chairman. Continued for another year.

17. On Leakage of Gas Pipes. Dr. J. C. Draper, N. Y., Chairman. Dr. Draper having signified to the Secretary that the subject was undergoing investigation in Europe, and expressed his desire to have it continued, the request was granted.

18. On Alcohol and its Relations to Man. Dr. J. R. W. Dunbar, Md., Chairman. Report in the hands of Dr. Cox, and referred to section on Hygiene.

19. On the various Surgical Operations for the Relief of Defective Vision. Dr. M. A. Pallen, Mo., Chairman. Not having had time to make report, Dr. Pallen asked that the Committee be discharged, which request was granted.

20. On Local Anæsthesia. Dr. E. Krackowitzer N. Y., Chairman. Dropped.

21. On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye. Dr. H. D. Noyes, N. Y., Chairman. Dropped.

22. On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi. Dr. B. Raphael, N. Y., Chairman. Dropped.

23. On the Therapeutics of Inhalation. Dr. J. Solis Cohen, Pa., Chairman. Referred to section.

24. On the Deleterious Articles used in Dentistry. Dr. Augustus Mason, Mass., Chairman. Continued for another year.

25. On Medical Ethics. Dr. Worthington Hooker, Conn., Chairman. Absent.

26. On the Climatology and Epidemics of the several States. No reports, except from Massachusetts, by Dr. Alfred C. Garratt, and R. C. Hamill, of Ills. Referred to the section of Meteorology, etc.

A number of papers were presented and referred to different sections.

The Treasurer's report was read, representing the Association to be in debt, on account of printing last volume of proceedings.

Delegates from the several States were, by resolution, requested to report this morning a committeeman for the Committee on Nominations.

Adjourned till 9 o'clock, Wednesday morning.

SECOND DAY'S PROCEEDINGS.

The Association met, with an increased attendance, the hall being completely filled. President Askew was in the chair.

COMMITTEE ON NOMINATIONS.

Delegates from the several States presented the following named as Committeemen on nomination of Officers:

Vermont, J. N. Stiles; Massachusetts, H. R. Storer; Rhode Island, O. Bullock; Connecticut, B. H. Catlin; New York, E. Elliott; New Jersey, Samuel S. Clark, Pennsylvania, John L. Atlee; Delaware, F. H. Askew; Maryland, J. J. Cockrill; West Virginia, J. C. Hupp; Ohio, R. R. McIlvaine; Kentucky, D. W. Yandell; Indiana, J. S. Bobbs; Illinois, H. A. Johnson; Michigan, A. B. Palmer; Iowa, J. C. Blackburn; Missouri, B. F. Shumard; Texas, ———Hurd; District of Columbia, Johnson Elliot; United States' Navy, N. Pinckney; United States' Army, J. J. Woodward; Wisconsin, N. Dalton; Kansas, John Parsons; California, T. M. Logan; Tennessee, W. A. Atchison.

PHOTOGRAPHS OF PRESIDENTS.

The Secretary read a communication from Professor Alden March, donating to the Association, photographs of all the Presidents of the Association, a copy of which he transmitted to the custody of its proper officer, for deposit in the archives. He also announced his pleasure to add to the collection in future. The donation was accepted with thanks.

REPORT OF DELEGATE TO FOREIGN MEDICAL ASSOCIATION.

Dr. C. C. Cox read the report of the delegation to the Foreign Medical Association, in which he gave an interesting resume of

the proceedings of the British Medical Association, which met in Chester, England, in August, 1866. Referred to the Committee on Publication.

The President of the Association appointed the following named gentlemen delegates to Foreign Medical Associations for the present year: Dr. B. Fordyce Barker, of New York; Dr. John E. Tyfer, Massachusetts; Dr. Thomas C. Brinsmade, Troy, New York.

REPORT ON INSANITY.

Dr. H. R. Storer arose to make an explanation. On yesterday he had made some remarks, when the report of Dr. Ray on Insanity was called for and no response was made, deprecating the fact that the Superintendents of Insane Asylums held themselves aloof from this Association. His remarks, he thought, had been misunderstood, and taken in a too serious and personal light. He was happy to say that while he was then speaking, Dr. Walker, one of those Superintendents, was on his way to this meeting, with Dr. Ray's report in his pocket. He proposed that Dr. Ray be made a member of the Association by invitation, and that his report be made the special order for to-morrow morning.

Dr. Hibberd objected to departing from the rule of referring such papers to appropriate sections, as it would establish a precedent that might consume valuable time of the Association hereafter.

Dr. Walker explained that he had been delayed on his way by a railroad accident. He was surprised and grieved to learn, on arriving here, that an uncalled-for assault had been made on this floor, on members of the Association of Superintendents of Insane Asylums. Every member of that Association would take it to himself, and the feeling could not be changed. He repeated the word assault, because the thing had been repeated now for the third time, and he repelled it. No member of that Association would ever again be drawn into this Association to make a personal reply. They had not thought it their duty to connect themselves with this Association, although efforts had been made to get members to come here and join the section on psychology; but if, when they came here, they were to be met with personal attack, this meeting would see the last Superintendent of a Hospital for the Insane. He explained that the reason why they did not unite with this organization was, that their duties and inter-

ests as hospital superintendents were different from those of ordinary physicians, It was from no want of respect for this Association. They were, however, ready to come in as individuals, and contribute their part in the work of this Association, provided they could be received courteously.

Dr. Gross hoped the report of Dr. Ray would not be referred, but be treated with the courtesy of a hearing in open session.

Dr. Storer again disclaimed any intention to give offense. He had endeavored to satisfy Dr. Walker of this, but he did not succeed.

The report of Dr. Ray was then made the special order for this morning.

COMMITTEE ON SURGEONS OF THE NAVY.

The President announced the following committee, to lay the matter of rank and privileges of Surgeons in the U. S. Navy, before the President and Secretary of the Navy :

Drs. N. S. Davis, of Illinois ; J. M. Toucy, District of Columbia ; S. D. Gross, Pennsylvania ; J. J. Cockrill, Maryland ; H. F. Askew, Delaware.

REPORT ON MEDICAL EDUCATION.

Dr. S. D. Gross read a report on Medical Education, which presented very much the same views as were advanced and inaugurated for practice by the Convention of Medical Professors in session here last week. He had for twenty years been an advocate for progress in the direction of more thorough attainments, and a more rational mode of imparting instruction, beginning with the elementary and advancing to the more difficult. He condemned entirely the custom of private medical pupilage as worse than useless. The report was ordered to be printed.

Dr. Stille, President of the Medical Teachers' Convention above referred to, presented the action of that body, and asked the co-operation of the Association in carrying out the measures recommended.

Dr. Davis, Chairman of the Committee that had been appointed by this Association to call said Convention, made a report, detailing the steps by which the work had been accomplished.

PRIZE ESSAYS.

Dr. F. Donaldson, of Baltimore, from the Committee on Prize Essays, reported that they had received eight essays, all of which had been carefully examined, and after fully weighing the merits

of each, two had been agreed upon as the most meritorious, and they had awarded the prize of \$100 each to the following:

First—"An Essay on the Causes of Intermittent and Remittent Fever," bearing the motto "Fortis est Veritas."

Second—"On the Treatment of Certain Abnormities of the Uterus." Motto: "Empyricism in Medicine and Surgery is fast giving way to the Rationalism of true Diagnosis."

The sealed envelopes, containing the names of the authors, were then opened, and the announcement made that the author of the first is Dr. J. R. Black, of Newark, Ohio; of the second, Dr. Montrose A. Pallen, of St. Louis, Mo.

REFORM IN MEDICAL COLLEGES.

Dr. Sayre, of New York, offered the following:

Resolved, That this Association most heartily approving the whole action of the Convention of Medical Colleges, urge its practical adoption by all the Medical Colleges in the country.

Dr. Post, of New York, wished to offer some change in the course of instruction proposed.

Dr. Davis cut the gentleman off by saying that the College to which he was attached had been invited to be present and take part in the proceedings of that Convention, but had not seen fit to do so. He could, at the next meeting of that Association offer any amendment he chose, but this Association has no power to act in the matter.

Dr. C. A. Lee, of Buffalo, though not present at the Medical College Convention, approved of all that was done. He had for many years, as a teacher in a Medical College, contemplated just such changes as had been recommended.

The resolution was then adopted.

PRIZE ESSAY MATTERS.

The following resolution, offered yesterday, was taken up:

Resolved, That hereafter the Committee on Prize Essays be requested to withhold the offer of a prize of \$100 each, and that the successful essayist receive in lieu thereof a certificate signed by the President and Secretary, and one hundred copies of the essay, at the expense of the Association.

This resolution was suggested by the failure of the receipts of the Association to pay printing expenses.

Dr. Davis made a statement to the effect that if the different sections would conform to the ordinances of the Association, as

to proper matter to be referred for publication, the expenses of printing would be greatly reduced, and the prizes could be paid.

Dr. Robbins called attention to an amendment that had been proposed two years ago, requiring all members, whether present or absent, to pay an annual fee of \$5 00. By the adoption of this amendment the Association would have ample funds.

The subject was laid on the table until the amendment could be laid before the Association in proper shape.

PAPERS PRESENTED.

The Secretary presented the following named papers, which were referred to appropriate sections :

1. Observations on Diseases of the Heart, as seen in military service from 1861 to 1865. By Prof. M. K. Taylor, M. D.

2. Novel Case of Lithotomy. By Dr. Edward Whinnery, of Iowa.

3. Report on Ligature of the Subclavian Artery. By Dr. Parker.

4. A communication from Chicago, informing the Association that during 1866, two members of the profession, named, had been expelled from their local Medical Society, for violation of the Code of Ethics.

5. A communication proposing that no person who is not a member and supporter of a local Medical Society, where such a one exists, shall be eligible to membership in the American Medical Association.

This being virtually an amendment to the constitution, it was laid over for one year.

MEDICAL STATISTICS IN THE ARMY.

Dr. Benjamin Howard, of New York, offered the following preamble and resolutions :

WHEREAS, There has been issued, and still remains in force, an official order from the Surgeon-General of the United States' Army, prohibiting the communication of any medical or surgical information, by any Medical Officer of the United States' Army, to any person whatsoever, without special permission from the Medical Bureau at Washington; thus appropriating, as far as the official power of the Surgeon General can compass it, all the valuable experience and statistics of all medical men who have served in the various departments of the United States' Army, to the exclusive use of the Medical Bureau; and

WHEREAS, Under such arbitrary control, an official report has already been made tending to create incorrect impressions on

scientific questions of great practical importance to the profession and to society; and

WHEREAS, It is important to the reputation of all men, who served during the war, that they have the opportunity of correcting such erroneous impressions, by an examination of the original records; therefore, be it

Resolved, That it is the opinion of this Association, that the monopoly now exercised by the Medical Bureau over the medical and surgical records of the war, is contrary to the genius and catholic spirit of our profession, and obstructive to the highest interests of science and humanity.

Resolved, That the Secretary of War, or other proper authorities, be requested to direct that the original records of the medical and surgical history of the war be rendered accessible, on certain regular days of each month, for purposes of scientific investigations, to all medical men who have served as such in the Army of the United States.

Dr. Woodward, of the United States' Army, and on duty in the Surgeon General's office, replied curtly to the proposition and speech of Dr. Howard, charging him with ventilating his private griefs in such a way as to reflect upon the honest and faithful performance of duty by Government officers. The simple fact was, that in the routine of duty of the office there were fifty clerks engaged in examining the reports referred to, investigating the claims of officers, soldiers, and widows of the same, for pensions, etc., and in making up the medical report for publication. To admit any portion of the public to these documents would retard the performance of duty towards these needy claimants. He therefore moved to lay the preamble and resolutions on the table, which was agreed to almost unanimously.

MEDICAL LITERATURE.

Dr. Post, of New York, read a report on Medical Literature, in which he mentioned among other publications of the year, the Report of the New York Board of Health in regard to cholera.

Dr. Sayre found fault with the report in that it dignified the the production of the New York Board of Health with the name of Medical Literature. He moved to strike out that portion.

The motion was not seconded and the report was referred for publication.

The Association then adjourned until 9 o'clock next morning.

THIRD DAY'S PROCEEDINGS.

The American Medical Association again met, the hall being

full, though not crowded as it was on Wednesday. President Askew called the meeting to order.

Dr. D. H. Storer arose to a question of privilege, viz: the honor of the Association. It was in debt, and its first duty was to take measures to relieve its executive officers from their embarrassments. He moved that every member be assessed a tax of two dollars to raise the necessary funds.

On motion, he was requested to prepare a subscription paper, and lay upon the table for voluntary subscriptions.

FEMALE PHYSICIANS.

Dr. Atlee, of Philadelphia, offered the following:

WHEREAS, The subject of female medical education is exciting attention, and regularly educated female physicians have established themselves as practitioners of medicine; and

WHEREAS, Female Medical Colleges, embracing all branches taught in other colleges, and all the conditions for graduation exist in the United States for the separate education of females; and

WHEREAS, It is important that the standard of education, and the observance of the code of medical ethics should be fostered and maintained by this Association; therefore,

Resolved, That the American Medical Association recognizes well educated female physicians by the same laws that govern its own members.

Dr. Bowditch arose to a point of order, and reminded the President that the Association had postponed the order of the day for five minutes to Dr. Storer's question of privilege. He claimed that the five minutes had expired, and he moved to lay the resolution on the table, which motion prevailed without a negative vote.

REPORT ON INSANITY.

Dr. C. A. Walker, of Boston, read the report of Dr. J. Ray, of Providence, R. I., on Insanity. It was an able and interesting paper.

Dr. Chipley, of Lexington, Ky., offered some remarks in vindication of the Superintendents of Insane Asylums, with reference to their connection with this Association. He referred to the fact that there were five such Superintendents present, who were a larger proportion of their class than the representatives of any other class of the medical profession present.

The report of Dr. Ray was referred to the Committee of Publication.

NOMINATIONS AND PLACE OF MEETING.

The Committee on Nomination of Officers and place of meeting reported as follows :

Place of meeting, New Orleans.

President, Samuel D. Gross, of Pennsylvania.

Vice Presidents, A. C. Post, of New York, John H. Atlee, of Pennsylvania, D. W. Yondell, of Kentucky, and H. R. Storer, of Massachusetts.

Permanent Secretary, Wm. B. Atkinson, of Pennsylvania.

Assistant Secretary, J. G. Richardson, of New Orleans.

Treasurer, Casper Wistar, of Pennsylvania.

On motion of Dr. Davis, of Illinois, that portion of the report naming the place of meeting and officers resident there, was laid on the table. The rest of the report was then adopted.

Dr. Davis remarked that the crisis had arrived which he had long anticipated, when the matter of eating and drinking and entertaining the Association had come to involve such an expense, that no invitation had been extended in advance, by resident members of the profession, for the Association to meet in any city, and the committee had reported New Orleans, without an invitation from any one there. While there was no city in which he would like better to meet on personal accounts, and as a manifestation of reunion with the South, he felt that it would not be right to impose a meeting of the Association on that city. It was embarrassed in every relation of life, like all other places in that direction. It was impoverished ; and though they would no doubt receive us with cordial and open hands, it would be wrong to tax them in that way. They could not vie with the liberality and extravagance of Cincinnati ; or, if they did, it would be at a sacrifice we should not admit of. He would give them another year to recover, and an opportunity to invite us. He therefore offered the following :

Resolved, That the next annual meeting of the American Medical Association be held in the City of Washington, on the first Tuesday in May, 1868, and every second year thereafter until otherwise ordered by the Association.

Resolved, That whenever the Association shall meet in the City of Washington, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever.

Dr. Yandell, of Kentucky, arose, and was urged to take the

stand, where he said: "I have listened with pleasure, and derived some new light from the remarks of the gentleman from Chicago. I arise to explain the motives of the committee in naming New Orleans, and in doing which I think I shall violate no confidence. When the place of meeting was called for, Dr. Horatio Storer, of Massachusetts, proposed New Orleans. The motion was seconded by Dr. Alonzo Palmer, of Michigan. As one of the few representatives from the South, I chanced to be in the Committee, and was asked my opinion in reference to New Orleans. I confess to you, gentlemen, that I never listened to a proposition in all my life which excited such emotions in my breast, as this motion coming from Massachusetts, and seconded by Michigan, to take this great body of brethren across the crimson waste of war, and hold out the hand of fellowship to their brethren in the South [cheers.] I confess to you, that when Dr. Storer of New England, and Dr. Palmer, of the mighty West, moved that we thus extend the hand of brotherhood to the medical profession of the South, I could not restrain my emotions from bringing tears of joy to my eyes.

The first question was whether it would be acceptable to New Orleans. I felt that I had some right to speak for the profession in New Orleans. My excellent father, and myself, had taught many of them as students in medicine. I had served with them, and was personally acquainted with most of those who had been in the Southern Army. I knew they felt as I feel, that when peace came in 1865, we had been united again; in fact, that we had never been divided; that, though politicians had separated us by geographical lines, still the great republic of letters was one; that

"No pent up Utica contracts our powers,
But the whole boundless continent is ours!"

In the great republic of science all geographical lines should be obliterated. We of the South, and you of the North, East and West, have a common heritage. The ashes of the illustrious Drake lie in your beautiful cemetery here. Have we of the South no claim to, nor interest in, his name and his fame? Have you of the North no interest in the long list of great and good men who adorn the profession in the South? No interest in those whose labors have added glory not only to medicine but to the nation?

Hence, I said I believed every man in the South, in that land of flowers, of the mocking bird, and of beautiful women, waited to have your hands extended to them to give you a welcome. [cheers.] I said to the Committee that New Orleans was poor, that the whole South was poor, but that you would not be less welcome to sit under our vines, and to take the fruit from our fig trees; that we could not give you such splendid entertainments as Cincinnati had done; but we could do what is better than eating, and better than drinking, we could give you the warm grasp of the hand that you would take with you in memory to your homes. In view of this the Committee honored itself and honored New Orleans, by selecting that place for its next meeting.

I see the objection of Dr. Davis; but if he proposes to do no eating and no drinking at the next meeting, New Orleans is a better place than Washington City. [Applause.] If you want to put the Medical Association on low diet, go down there. [Cheers.] But the very reason of all others which should take the Association south of Mason & Dixon's line—if such a line there be now—is that the Southern peoples are not able to come to you. They are not here to-day because they could not afford to come. But they would welcome you to their homes. If you do not go to New Orleans, then go to some place within their reach.

Dr. Griswold, of Ohio, moved to substitute Knoxville, Tenn., instead of Washington City.

Dr. Sayre moved to substitute New Orleans, as in the original report. He thought that with Dr. Davis' resolution of restriction as to entertainments, there would be no objection to that place.

Dr. Cox, of Maryland, endorsed all that had been said by his friend from Kentucky; was proud that one man from the South had expressed himself as standing on the platform of the union of the Medical Profession. He never supposed there would be any difficulty in reuniting the Profession of Medicine after the war was over. As to the entertainments of the Association, he was in favor of them, and thought if Dr. Davis' measure was adopted the usefulness and attendance of the Association would be impaired. In England they did far more eating and drinking than was done here, and yet they accomplished a large amount of work.

Dr. Storer, of Boston, said the object of these meetings was to bring as many of the profession together as possible, and it

should meet in such places as would accomplish that object. We should not meet where we have not been invited by resident members. That thing had been tried in Boston, and came near failing. The probability was we would be well received; but we ought to wait for a proper invitation. Ought we to go when we know there are a great many there who would wish us to the devil?

The hour having arrived for the steamboat excursion, the whole subject was laid upon the table.

FOURTH DAY'S PROCEEDINGS.

The Association met the fourth day of the session, with about half the usual attendance. President Askew in the chair.

The following named gentlemen were elected members by invitation: Drs. John Dillard, of Lexington, Ky.; A. J. Larey, Mt. Pleasant, Kansas; S. S. Gray and A. S. Ashton, Piqua, Ohio; John A. Warder and J. D. Stubbles, Cincinnati, O.; Dr. Marsden, of Quebec, Canada. G. M. Kellogg, of Iowa; Dr. Maley, of Cincinnati.

PLACE OF NEXT MEETING.

The subject of the next place of meeting was taken up, by Dr. Hammer moving that St. Louis be designated as the next place.

The subject was finally disposed of by choosing Washington City as the next place of meeting, and requiring the Committee of Arrangements to avoid any entertainments that will interfere with the business of the Association or the sections.

THE CINCHONA TREE.

On motion of Dr. Atkinson, the President was directed to appoint a committee to memorialize Congress relative to the cultivation of the cinchona tree in this country.

PAPERS ON CHOLERA.

The Secretary read a paper upon the Causes and Management of Cholera, by Dr. E. Harris, which was referred to a committee to examine papers designed for publication.

Dr. Wm. Marsden, of Canada, presented a synopsis of an essay on the contagion, infection and portability of Asiatic Cholera, in

its relation to quarantine, with a brief history of its origin and cause in Canada, from 1832.

A motion to refer to the Committee on Publications was adopted, but afterward reconsidered, and the paper referred to the Committee on Revision, above authorized.

FURTHER NOMINATIONS.

The Committee on Nominations made the following additional nominations :

On Prize Essays, Drs. Charles Woodward, W. W. Dawson, E. B. Stevens, Roberts Bartholow, P. S. Connor.

Committee on Medical Literature, Drs. Geo. Mendenhall, R. R. McIlvaine, Geo. C. Blackman, E. Williams, P. S. Connor, all of Cincinnati.

Committee of Arrangements, Drs. Grafton Tyler, Wm. P. Johnson, F. Howard, Wm. Marbury, Lewis Mackall, T. Mowry, J. M. Toner, of Washington, D. C.

Assistant Secretary, J. W. H. Lovejoy, of Washington, D. C.

Dr. Samuel Willey was added to the Committee on Necrology, for Minnesota; also, Dr. S. M. Welch, of Texas.

AMENDMENTS TO CONSTITUTION.

On motion of Dr. Cox, the President was directed to appoint a committee of five, to take into consideration such amendments and alterations in the plan of organization of the Association as may tend to remedy existing defects, and contribute to its efficiency; to report in 1868.

COMPENSATION TO SECRETARY.

On motion of Dr. Pallen, the Permanent Secretary of the Association was authorized to draw an order on the Treasurer, which the President shall sign, for such amount of money as shall cover his annual expenses in attending the meetings of the Association.

RESOLUTIONS OF THANKS.

Dr. Atlee offered the following :

Resolved, That the thanks of this Association be presented to the Committee of Arrangements, to the corporate authorities of Cincinnati, to His Honor, Mayor Wilstach, Mr. Larz Anderson, Dr. Geo. Mendenhall, and the citizens generally, for the cordial and generous hospitalities extended to the members of the Association during their present session.

Dr. Levick, of Philadelphia, remarked upon the resolution, saying that no body of men were ever before received with more refined and generous hospitality, and he had been sorry to hear certain remarks deprecating this manifestation of the social element of these meetings. It was an important element in promoting harmony, and, therefore, the dignity, of the profession. The resolution was adopted by a unanimous vote.

A resolution of thanks to the following named railroads, for commutation of fares, was also passed: Baltimore & Ohio, Marietta, Little Miami, Columbus & Cleveland, Cincinnati, Hamilton & Dayton, Dayton & Michigan, Cincinnati, Indianapolis & Lafayette, Covington & Lexington Chicago & Great Eastern.

Dr. Cox remarked, that in presenting the matter in person to the President of the Baltimore & Ohio, that large minded and liberal hearted man said, that if a body of politicians, or almost any other class of men had applied for such a favor, he would most likely have refused them; but that, regarding us as benefactors of the race, he felt happy to contribute what he could to promote our interests and comforts.

Dr. Hughes, of Iowa, offered a resolution of thanks to the press of this city, for their full and impartial reports of the proceedings of the Association.

UNOFFICIAL MEDICINES.

Dr. Hibberd, called up his resolution on unofficial medicines, viz:

Resolved, That the habit of using unofficial preparations of medicine by physicians, except where there is no official preparation that will answer the purpose as well, is unscientific and imprudent, tending to demoralize the therapist, and to encourage irregular pharmacutists and nostrum makers, and should be abandoned.

Resolved, That the profession should not patronize druggists who are engaged in the manufacture of nostrums.

Dr. Hibberd explained that the object of the resolution was to discourage the use of medicines prepared in peculiar and attractive forms, and insiduously introduced throughout the country, that might be genuine and might not, but which at any rate tended to confuse the practice.

Dr. Post suggested that instead of the word "unofficial" the word "secret" be used.

Dr. Levick spoke of these prepared medicines as becoming a

great evil. No prescription should be written which could not be put up by any apothecary.

Dr. Cox expressed the opinion that the profession should not patronize any druggist who manufactured, advertised, or sold quack medicines. Such druggists, while making enemies to the regular profession, taking their patients from them, had no right to approbation or support from those who confined themselves to regular and legitimate prescriptions.

Dr. Howard remarked: We have a right to regulate our own affairs, but we have no right to interfere with the business of the apothecary, or hinder him from selling what he pleases.

Dr. H. A. Johnson, of Illinois, said: The question seems to be whether it is or is not professional to use remedies not recognized in the standard pharmacopœa of the profession. It does not become this profession to countenance quackery, but we should be free to use any of those remedies presented by the so-called Eclectics, or Hydropathies, or resort to the use of preparations first advanced by Homeopaths, provided we find them useful in overcoming disease. We should stand on the broad platform of science; and no matter from what source remedies came, whether presented by a school of medicine called quackery, or through channels which we are accustomed to call legitimate, we should accept what proves to be useful. In the hands of scientific men they will become legitimate. And these preparations and elixirs that have been referred to, they are not secret remedies; we know what they are, and what their value, and I must feel at liberty to use, get them where I can.

After further discussion the resolutions were referred to the Committee on By-Laws.

FEMALE PHYSICIANS.

Dr. Atlee called from the table his preamble and resolutions proposing to recognize female physicians by the same rules and limitations as other physicians. The vote on taking them from the table was 57 ayes to 52 naves.

As there was no time for satisfactory discussion, Dr. Atlee moved the previous question, but it was not sustained.

Dr. Pallen, of St. Louis, said: "At home I am considered a friend of the ladies, and nothing would give me greater pleasure than to advocate their claims where it could be done legitimately. But in Europe, Austria, France and Prussia, the practice of medi-

cine and obstetrics by females has proved a total failure. It is contrary to the spirit of our profession to have anybody connected with it except men, and men of reason. Nature has so ordained the female that, at certain periods, she is absolutely unfitted to do anything, consequently, could not attend to the legitimate duties of the physician. Another serious objection: no person can practice medicine without a knowledge of pathological anatomy, and no woman having sufficient delicacy to enter the sick chamber, would enter the dissecting room to obtain such knowledge. Imagine a lady, with her style of dress, flitting around in the charnel house, or with microscopes, diving into cancer cells. Pass such a resolution as this, and a thousand women about the country, practising specialties connected with the female organization, will demand recognition at our hands, and claim authority for their business pretensions. I think the resolution should be voted down, because it is contrary to the laws of nature for women to practice medicine.

Dr. Davis, of Illinois, expressed similar views.

Dr. Bowditch, a venerable and respectable member of the profession, attempted to come to the defense of the ladies, but was met with cries of "question, question," and a few hisses, with a manifest disposition not to hear him. But he persisted until he was able to vindicate the right and ability of woman to practice the healing art equal to any man on the floor of the Association. He was finally choked down, and the resolution voted down, with not more than a dozen ayes.

THE CHRONIC INSANE.

Dr. Lee, of New York, presented the following:

Resolved, That providing for the poor chronic insane in the jails and alms-houses of our country, as at present practiced in nearly all the States of the Union, is a great violation of the laws of humanity, and contrary to the divine injunction of doing to others as we would be done by.

Resolved, That when the regular hospitals for the insane of a State are insufficient to accommodate both acute and chronic cases that are sent to them, this Association would strongly recommend the procurement of a suitable amount of land in the vicinity, and the erection of convenient, well planned and well ventilated, but comparatively inexpensive buildings, in connection with, and under the same general supervisor, as the hospitals themselves, where those who are able to labor, and would be benefitted by light, regulated employments may be suitably accommodated and properly cared for.

Resolved, That the example of Moss in establishing asylums for the accommodation and humane treatment of the chronic insane, is worthy of all praise and imitation, and in the opinion of this Association, such institutions, if rightly inaugurated, and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State hospitals, and will greatly subserve the interests of the insane generally.

Resolved, That as the present insane hospitals are capable of accommodating but a small proportion of the 40,000 of the insane of the United States, and as alms-house and jail provision is not adapted to their proper care and treatment, this Association would recommend to the proper State authorities to make such further provision in the direction above indicated, as may tend to the amelioration of their condition, if not the restoration, of their moral-faculties.

Referred the following committee, to report next year: Drs. C. A. Lee, New York, Gundry, of Ohio, John Fonerdin, Walker, of Mass., and Chipley, of Kentucky.

Dr. Cox submitted the below-named resolutions, which were unanimously adopted:

THE LATE SURGEON C. S. TRIPLER, U. S. A.

Resolved, That in the loss of Surgeon Charles S. Tripler, U. S. A., who died in this city since the last meeting of the Association, the profession throughout the country, the army of the United States, and the Society especially, have experienced a serious loss.

Resolved, That in the high moral integrity, Christian character, professional ability, and conscientious love of his vocation, we recognize in Dr. Tripler one of the truest illustrations of a sound physician and a good man.

Resolved, That the condolence and sympathies of this Association are hereby tendered to the family and relations of the deceased; and the Secretary is directed to communicate to them a copy of these resolutions.

Dr. Davis moved that the Committee charged with procuring suitable accommodations for the Association meetings in the Smithsonian Institution, in Washington, D. C., be continued. Carried.

Dr. Alden March, of New York, offered the following:

Resolved, That the thanks of the Association are due, and are hereby tendered, to the President and retiring officers, for the ability, impartiality, and courtesy manifested in the discharge of their arduous duties. Carried.

Dr. Cox moved that surplus copies of the Transactions of the Association not yet out of print, be sent to the Secretaries of similar organizations in exchange for the volumes published by their own bodies. Carried.

Dr. Hughes presented the following:

Resolved, That those members of the Association who have contributed to the amount of five dollars to the publishing of future Transactions, shall be entitled to any back volume of the Transactions to the amount of the same, as they may want. Carried.

After the passage of several votes of thanks the Association adjourned at 2 o'clock, P. M., to meet at the time and place previously designated.

MEETING OF SECTIONS.—*Surgical Section.*

The meeting was called to order at 3 o'clock, P. M., May 7th, 1867, in the Medical College of Ohio. Prof. S. D. Gross, M. D., of Philadelphia, was appointed Chairman, and Dr. J. L. Little, of New York, Secretary.

Dr. Joseph S. Hildreth, of Chicago, Ills., read a paper on "The Action of Belladonna in Diseases of the Cornea." The writer maintains that in certain conditions of the eye, the nervous integrity of the cornea may be so disturbed as to cause a peculiar state of anæsthesia. The dilatibility of the pupil is correspondingly lessened, and the effects of atropia are of short duration. There may be either an acute or chronic form of anæsthesia. In corneal affections with an anæsthesia and diminished dilatibility of the pupils, belladonna is indicated, but with normal dilatibility of the pupil and absence of corneal anæsthesia, belladonna is not required. A thorough division of the ciliary ring, and not the evacuation of the aqueous humor, affords relief for corneal anæsthesia. Paracentesis of the anterior chamber may, in some cases of this class, prove serviceable by diminishing congestion of the ciliary ring, but not otherwise.

Iridectomy, in one case, notwithstanding that it removed all intra ocular tension, failed to relieve the corneal anæsthesia. Division of the ciliary ring, fifteen minutes afterwards, at once accomplished that result.

Dr. Hammer remarked that according to Donders, corneal ulceration was due, not to any nervous lesion, but to the lodgment of particles upon the cornea, the presence of which was not noted by the anæsthetic cornea.

Dr. Hildreth thought that the experiments of Magendie, which he would not then recite, proved directly the reverse.

Dr. Gross entertained a similar opinion.

Dr. Hildreth's paper, was, on motion, referred to Committee of Publication.

"A Report on the Use of Plaster of Paris in Surgery," by Dr. James L. Little, of New York, was similarly referred.

Dr. B. Howard, of New York, read a paper entitled "Ligation, with Depletion of Varicose Veins of the Leg, with a Case of Radical Cure."

The operation consisted in first distending the veins, by causing the patient to stand upon the leg affected. A stout unarmed aneurism needle was passed behind the vein, just above the internal malleolus, and its points caused to emerge on the opposite side. The needle being then armed with a silver wire ligature, withdrawn, and disarmed, both free ends were left ready to be fastened. This process was repeated at nine different points.

The ligature first applied was secured by passing both its free ends through a hole in a small leaden disc, which was capped by a perforation of buck shot. Forceful compression with a common plyers completed the manipulation. The two ligatures in the popliteal region were similarly disposed of.

The vein between these extreme points was then punctured in several places, and the blood allowed to escape, which it did rather freely. All the ligatures were then secured.

Paper referred to Committee of Publication.

The following, after having been read, were likewise referred to the same Committee.

On a New Method of Operating on the Bones for the lengthening of the same. By Dr. J. C. Hughes, of Iowa.

A Report on the Ligature of the Subclavian Artery. By Willard Parker, M. D., of New York.

A Contribution to the Hip-joint Operations during the late civil war, being the statistics of twenty cases of Amputation, and thirteen of Resections of this Articulation in the Southern States. By Paul F. Eve, M. D., of Nashville.

A collection of cases of Lumbar Colotomy (Amussat's operation). By Dr. Geo. C. Blackman, of Cincinnati.

The following papers were laid on the table :

Observations on Rhinoscopy. By Lawrence Turnbull, M. D., of Philadelphia.

A paper on the Bibliography and Observations on the present condition of Aural Surgery. By Lawrence Turnbull, M. D., of Philadelphia.

On the Treatment of Hernia. By Chauncy F. Perkins, M. D.

A Novel Case of Lithotomy. By Edw. Whinnery, M. D., of Iowa.

The following committees were appointed to report at the next Annual Meeting :

On the Ligation of Arteries. Benj. Howard, M. D., of New York, Chairman.

On the Treatment of Club-foot without Tenotomy. Lewis A. Sayre, of New York, Chairman.

On the Radical Cure of Hernia. Geo. C. Blackman, M. D., of Cincinnati, Chairman.

On the Operations of Hare-lip. Dr. Hammer, of St. Louis, Chairman.

On the Errors of Diagnosis in Abdominal Tumors. G. C. E. Weber, of Ohio, Chairman.

The Section then adjourned *sine die*.

SECTION OF PRACTICE OF MEDICINE AND OBSTETRICS.

This Section having convened at 3 o'clock, P. M., May 7th, in the Dental College, Prof. M. K., Taylor, of Keokuk, Iowa, was elected Chairman, and Dr. Edward Hall, of Auburn, New York, Secretary.

An abstract of a Report on the Therapeutics of Inhalation (J. Solis Cohen, J. A. Da Costa, and Louis Elsberg, committee,) was read, and laid upon the table until the report itself could be brought before the section.

Dr. Joseph G. Richardson, of New York, read a paper entitled "Clinical Thermometry in Diphtheria." From numerous observations made by the author he had become convinced that while the membrane is forming and rapidly extending, the heat of the body increases, and returns to the normal standard as the membrane disappears. The temperature of the body, therefore, affords one of the most valuable indications in the prognosis and treatment of this disease.

An interesting discussion in regard to the temperature of the body, not only in diphtheria, but in other diseases, took place, participated in by Profs. Johnson, Palmer, Comegys, Dr. Severens, Dr. Williams, and others. It was finally voted that the author be requested to continue his investigations, and report at the next meeting of the Association.

An unfinished paper, by Dr. A. G. Field, of Iowa, on the "Treatment of Disease by Atomized Substances," was presented,

and the author was requested to read the same completed at a future meeting.

Portions of a paper, by Dr. Stephen Rogers, of New York, on "Extra Uterine Fœtation and Gestation," containing a statement of the symptoms, and recommending abdominal section, in order to meet the indications, was read. It was voted to recommend it for publication in the Transactions. Remarks were made by Profs. H. R. Storer, Palmer, Byford, Dr. Parvin, and others, after which the section adjourned.

SESSION MAY 9TH, 1867.—The section was called to order at 4 o'clock, P. M. Dr. Hibberd in the chair.

The minutes of the last meeting were read and approved.

The Secretary reported that he had been unable to procure the report on the "Therapeutics of Inhalation."

After some discussion, it was voted to recommend to the Association to give the Committee on Publication discretionary power in regard to printing this report, or portions thereof, in the Transactions.

Prof. M. K. Taylor, of Keokuk, read a paper entitled "Remarks on Diseases of the Heart, as observed in the military service, 1861-5."

He remarked that in many men debilitated by malarious and other diseases, and hardship, a condition of the heart existed similar to hypertrophy. These cases resulted from a loss of muscular tone; were not serious, and were restored to health after a lengthy period of rest, and treatment of a tonic and hygienic nature.

Dr. Bowditch had observed a similar condition in soldiers whom he had examined, as had also Dr. Gross, at Pittsburgh, Pennsylvania.

Dr. Hall, of New York, remarked that in his examination of several hundred returned soldiers, he had frequently detected the same cardiac condition accurately described in the paper read by Prof. Taylor.

The paper was recommended for publication in the Transactions.

The minutes of this meeting were read and approved, and the section adjourned *sine die*.

SECTION ON METEOROLOGY, MEDICAL TOPOGRAPHY, ETC.

SESSION MAY 7TH, 1867.—Dr. B. H. Catlin, of Conn., was called

to the chair, and Dr. N. S. Davis, of Ills., was appointed Secretary.

Dr. Hammil read an interesting report on the Climatology of Illinois, giving reports of the sanitary condition and mortality rates of Chicago. He referred to the singular fact that in Illinois cerebro-spinal meningitis was more prevalent than in any other State.

Dr. Davis pointed out the fact that erysipelas was once very prevalent along the watercourses crimsoned by the blood of many slaughtered animals, and that the intensity of type was proportionate to the depth of tint.

Adjourned until Thursday.

SESSION MAY 9TH, 1867.—Dr. Davis read a paper on the "Causes of Cholera," as previously appointed, after which the meeting soon adjourned.

Paper referred to Committee of Publication.

SECTION ON PSYCHOLOGY.

The Section of Psychology was organized by the election of Prof. Chas. A. Lee, as Chairman, and Prof. H. R. Storer, as Secretary.

After remarks had been made by several of the members present, it was determined to recommend to the Association the names of the following gentlemen as a Committee to report upon the subject of insanity at the ensuing meeting:

Drs. Chas. A. Lee, of New York; John B. Chapin, of New York; A. B. Palmer, of Michigan; W. W. Jones, of Ohio; H. R. Storer, of Mass.

Upon motion of Dr. Toner, the meeting was then adjourned.

CONVENTION OF TEACHERS OF THE MEDICAL COLLEGES.

MORNING SESSION.—*Cincinnati, May 3, 1867.*—The delegates met at 10 o'clock in the Museum Room of the Medical College of Ohio, and organized by the choice of Professor A. Stille, of Philadelphia, Penn., as President; and Professor Gustav C. E. Weber, of Cleveland, Ohio, as Secretary. After a brief service by those gentlemen, in a temporary character, the following were recognized as delegates:

Professors A. Hammer, A. J. Steele, of Humboldt Medical College, St. Louis, Missouri; W. H. Byford, Chicago Medical

College, Chicago; A. Stille, University of Pennsylvania, Philadelphia, Pennsylvania; A. B. Palmer, University of Michigan, Mich.; A. B. Palmer, Berkshire Medical College, Massachusetts; Alden March, Albany Medical College, New York; N. S. Davis, Chicago Medical College, Chicago; Francis Carter, Starling Medical College, Ohio; James M. Holloway, University of Louisville, Kentucky; M. K. Taylor, Medical Department of Iowa University, Iowa; J. C. Hughes, Medical Department of Iowa University, Iowa; G. C. E. Weber, Charity Hospital Medical College, Cleveland, Ohio; F. Donaldson, University of Maryland, Maryland; J. N. McDowell, Missouri Medical College, Missouri; C. G. Comegys, Medical College of Ohio; Geo. C. Blackman, Medical College of Ohio; E. B. Stevens, Miami Medical College, Ohio; George Mendenhall, Miami Medical College, Ohio; S. D. Gross, Jefferson Medical College, Pennsylvania; B. S. Lawson, Cincinnati College of Medicine; R. C. S. Read, Cincinnati College of Medicine; W. Howard, Washington, D. C.; T. M. Logan, Toland Medical College, California.

Professors Holloway, of Louisville, Davis, of Chicago, Donaldson, of Baltimore, Blackman, of Cincinnati, and March, of Albany, were appointed a committee to report on the order of the different subjects which were to occupy the attention of the Convention.

After which the Convention adjourned till 4 o'clock, P. M.

AFTERNOON SESSION.—The committee on the "Order of the Different Subjects to be presented for Consideration," reported the following propositions:

"1. That every student applying for matriculation in a Medical College, shall be required to show, either by satisfactory certificates or by a direct examination by a committee of the Faculty, that he possesses a thorough knowledge of the common English branches of education, including the first series of mathematics and the natural sciences, and that the certificates presented, or the results of the examination thus required, be regularly filed as a part of the records of each medical college.

"2. That every medical student be required to study not only three full years, but also to attend three regular annual courses of Medical College instruction before being admitted to an examination for the Degree of Doctor of Medicine.

"3. That the *minimum* duration of a regular annual lecture term, or course of Medical College instruction, shall be five calendar months.

"4. That every Medical College shall embrace in its curriculum at least *thirteen* professorships, including substantially the following branches, viz: Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry, Materia Medica, Organic Chemistry and Toxicology, General Pathology and Public Hygiene, Surgical Anatomy and Operations of Surgery, Medical Jurisprudence, Practice of Medicine, Practice of Surgery, Obstetrics and Diseases of Women, Clinical Medicine and Clinical Surgery. That these several branches shall be divided into three groups or series, corresponding with the three years required for medical study. The first, or freshmen series, shall embrace Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry and Materia Medica. To these the attention of the student shall be mainly restricted during the first year of his studies, and on them he shall be thoroughly examined by the proper members of the Faculty at the close of his first course of medical College Instruction, and receive a certificate indicating the degree of his progress. The second, or junior series, shall embrace Organic Chemistry and Toxicology, General Pathology, Public Hygiene, Surgical Anatomy and Operations of Surgery and Medical Jurisprudence. To these the attention of the medical student shall be directed during the second year of his studies, and on them he shall be examined at the close of his second course of Medical College instruction, the same as after the first. The third, or senior series, shall embrace Practical Medicine, Practical Surgery, Obstetrics and Diseases of Women, with Clinical Medicine and Clinical Surgery in Hospital. These shall occupy the attention of the student during the third year of his medical studies, and at the close of the third course of Medical College attendance, he shall undergo a general examination in all the departments, as a pre-requisite to the degree of Doctor of Medicine.

"The instruction in the three series of branches is to be given simultaneously, and to continue throughout the whole of each annual College term; each student attending the lectures of such branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior and Senior classes throughout the collegiate year, in all our literary colleges.

"5. That the practice of selling individual tickets by members of Medical College faculties, should be abolished, and in place of it each student should be charged a specified sum for each annual course of Medical College instruction; the sum being the same

for each of the three courses before graduating; and any student or practitioner who has attended three full courses in any one college, shall be entitled to attend any subsequent course or courses, in that College gratuitously. The fees paid for each annual course of College instruction should be paid to the Treasurer of the College, and subsequently distributed to each member of the Faculty at such time and in such proportion as the Trustees and Faculty of each College shall determine.

"6. That inasmuch as the maintenance of an efficient Medical College requires a large expenditure of money annually, and inasmuch as there is no reasonable hope of adequate endowments, from the several State governments, the exaction of a just and reasonable annual lecture fee is a necessity with which all Medical Colleges should comply, and that \$105 should be the minimum fee for each regular annual course of instruction in any Medical College in the United States."

The first proposition was taken up and discussed by Professors Davis, Gross, Comegys, McDowell, Hammer, Taylor and Palmer, and with an amendment, so as to strike out the words "natural sciences," and add "sufficient knowledge of Latin and Greek to understand the technical terms of the Profession," it was adopted.

The Convention then adjourned to meet at 9½ o'clock, on the morrow.

SECOND DAY.—MORNING SESSION.—*May 4, 1867.*—Professor A. Stille, President, in the Chair. The minutes of the preceding session were read and adopted.

The Chair announced that the next business in order was the discussion of Section 2 of the Report of the Committee on the Order of Business.

Professor Gross, of Philadelphia; moved to amend so as insert "four" after study instead of "three."

Remarks were made by Professors Gross, Hammer, of St. Louis; Davis, of Chicago; Palmer, of Michigan; and McDowell, of St. Louis.

The Convention then suspended the rules, for the purpose of allowing Professor Davis to introduce the following resolution:

Resolved, That in all distinct propositions under the consideration of this Convention, no member shall speak more than once, until all other members have spoken who wish to speak."
Adopted.

Professor W. Howard, of Washington City, moved to amend by inserting "not less than three years," instead of "three full years." Lost.

Professor Gross's amendment was then adopted.

On motion of Professor Gross, the entire section, as amended, was unanimously adopted.

Professor Hammer moved to take up for consideration Section 4, prior to Section 3. Lost

Section 3 was read, viz: "That the minimum duration of a regular annual lecture term or course of medical college instruction, shall be five calendar months."

Professor Gross moved to amend by inserting "six" in place of "five calendar months." Carried.

Section 3, as amended, was then adopted.

Section 4 being next in order, came up for discussion. Professor Gross moved to discuss the different parts of this section separately. First, that relating to the different branches recommended to be taught in the schools. Second, the number of Professorships. Third, the division of Studies. Adopted.

Professor Hammer moved to add to the different branches, Natural Philosophy and Pathological Anatomy.

Professor Donaldson, of Baltimore, moved to act upon these propositions separately.

The vote on the addition of Natural Philosophy being taken, it was rejected.

The amendment adding Pathological Anatomy was carried.

Professor Byford, of Chicago, moved to amend by including Diseases of Children. Carried.

On motion, the Convention then adjourned, to meet at 4 o'clock.

AFTERNOON SESSION.—The meeting having been called to order, the second part of Section 4 was called up for discussion.

Professor Gross moved to amend by inserting after the words "following branches," "to be taught by not less than nine Professors." Carried.

Remarks were made by Professors Gross, Palmer, Davis, Hammer, Howard, and Taylor.

The third part of Section 4, referring to the Division of Studies, was next considered.

Professor Davis moved to amend, by making that part read as follows:

"That these several branches shall be divided into three groups

or series, corresponding with the three courses of medical college instruction required.

"The first, or Freshman series, shall embrace Descriptive Anatomy and Practical Dissections, Physiology and Histology, Inorganic Chemistry and Materia Medica, and Therapeutics.

"To these the attention of the student shall be mainly restricted during his first course of medical college instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

"The second, or Junior series, shall embrace Organic Chemistry and Toxicology, General Pathology, Morbid Anatomy and Public Hygiene, Surgical Anatomy and Operations of Surgery, and Medical Jurisprudence. To these the attention of the medical student shall be directed during his second course of medical college instruction, and in them he shall be examined at the close of his second course in the same manner as after the first.

"The third, or Senior series, shall embrace Practical Medicine, Practical Surgery, Obstetrics and diseases peculiar to women and children, with Clinical Medicine and Clinical Surgery in hospital. These shall occupy the attention of the student during his third course of college instruction, and at its close he shall be eligible to a general examination on all the branches as a prerequisite for the degree of Doctor of Medicine. The instruction in the three series of branches is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the Sophomore, and Junior and Senior classes, each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges."

After a protracted debate, in which Professors Gross, Palmer, Blackman, Hammer, Davis and Taylor participated, the motion of Professor Davis prevailed.

Professor Davis then moved the adoption of the entire section as amended. Carried.

Section 5 was then taken up, and, upon motion of Professor Palmer, laid on the table.

Section 6 being in order, was read, but on motion of Professor Gross, was also laid upon the table until Monday morning, 6th instant.

On motion of Professor Davis, the Convention then adjourned to meet at 10 A. M. on Monday.

THIRD DAY.—MORNING SESSION.—*May 6, 1867.* Professor A. Stille, President, in the Chair.

The minutes of the previous meeting were read and approved.

The Committee on Credentials announced Dr. T. M. Logan, of Sacramento, California, as an authorized delegate from the Faculty of the Toland Medical College of San Francisco.

Professor Gross moved to consider parts of section 4, relating to the branches to be taught in medical colleges.

Professor Hammer moved to suspend the rules for that purpose. Carried.

Professor Gross moved to amend part first, section 4, by inserting the words "Medical Ethics" after the words "Medical Jurisprudence."

Professor Palmer moved the adoption of the amendment. Carried.

Professor Comegys moved the reconsideration of section one. After suspension of the rules this motion was adopted.

Professor Comegys moved to amend Section 1 by inserting "Elements of Natural Sciences" after the word "Mathematics." Carried.

Professor Hammer moved the adoption of the whole section as amended. Carried.

Section 6 was then considered.

On motion of Professor Donaldson it was laid on the table.

Professor Palmer then introduced the following resolution :

Resolved, That every medical college should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures, and other exercises, and at the close of each session of the attendance of the student a certificate, specifying the time and the courses of instruction actually attended, should be given; and such certificate only should be received by other colleges as evidence of such attendance.

The resolution was adopted.

Prof. Davis moved the adoption of all the section as amended. Carried.

Prof. Gross moved to transmit a copy of these sections as adopted by this Convention, certified to by its officers, to the American Medical Association at its next session.

Professor Davis then introduced the following resolution :

Resolved, That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by the Convention, to the Trustees and Faculties of all the Medical Colleges in this country, and solicit their action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same Committee be authorized to call another convention whenever deemed advisable."

The Chair appointed the following gentlemen that committee: Professors Davis, of Chicago, Donaldson, of Baltimore, Gross, of Philadelphia, March, of Albany, Blackman, of Cincinnati.

The Chairman then introduced Dr. Vattier, President of the Cincinnati Academy of Medicine, who invited the members of the Convention to be present at the opening of the Academy in the evening.

Professor March moved to accept the invitation. Carried.

On motion of Professor Davis, a vote of thanks was returned to the Chairman and Secretary of the Convention for the efficiency with which they had discharged their duties, and to the Faculty of the Ohio Medical College for the use of their hall.

The President returned his thanks to the members of the Convention in a neat and appropriate speech.

Professor Stevens moved that a formal written thesis on some professional topic shall still be regarded as one of the indispensable requirements for the doctorate.

Remarks were made by Professors Comegys, Stevens and Donaldson.

Thereupon, on the motion of Professor Hammer, the Convention adjourned subject to the call of the committee.

Medical Society at Winnemac, Indiana.

PURSUANT to a call of the Physicians of Pulaski and adjoining counties, the following gentlemen assembled in Winnemac, Ind., April 2, 1867, for the purpose of organizing a Medical Society:

F. B. and A. McD. Thomas, A. M. Pearson, James Tulutun and H. Kittinger, Winnemac; J. W. C. Eaton and N. S. Hazen, Pulaski; C. G. Hartman, Francisville; James H. Smith, Harrison township; I. B. Washburne, and J. B. Moore (student), Star

City; L. D. Glazebrook, San Pierre, Starke Co., and James Thomas, Royal Center, Cass Co.

On motion, Dr. F. B. Thomas chosen Chairman, and I. B. Washburne, Secretary.

On motion of Dr. James Thomas, a committee of five was appointed to draft a Constitution and By-Laws. The Chairman appointed Drs. Glazebrook, Hartman, Pearson, Toluton and A. Thomas. The Committee reported a Constitution and By-Laws in the usual form, which were adopted.

After the adoption of the Constitution, the Society proceeded to elect officers, which resulted as follows: President, F. B. Thomas; Secretary, I. B. Washburne; Treasurer, A. Pearson; Censors, L. D. Glazebrook, James Toluton and A. McD. Thomas.

The Society adopted a fee bill equalizing the charges for professional services, and one harmonizing with neighboring societies.

Dr. Washburne offered the following, which were *unanimously* adopted:

WHEREAS, From the teaching and practice of a certain class of *self-styled* physicians, the unnatural crime of procuring abortion or miscarriage, for the purpose of gratifying the lust, ambition or caprice of those who do not wish to bear maternal responsibilities; therefore

Resolved 1st, That members of this Society will, in no case, countenance the practice, except to save life, and then only after due consultation with a physician in good standing, when such consultation is possible.

Resolved 2d, That members of this Society, who are cognizant of the procuring of criminal abortion, apprise the Grand Jury of their respective counties of the facts in the case, looking to a speedy prosecution of the same.

On motion, Dr. L. D. Glazebrook was appointed on Essay, and Dr. Hartman his alternate.

On motion of Dr. Glazebrook, the Secretary was ordered to furnish a copy of the proceedings of the Society for publication in the *Winnemac Democrat*, *Chicago Medical Journal*, *Chicago Medical Examiner*, and *Cincinnati Lancet and Observer*.

On motion, adjourned to meet in Winnemac the 2d Tuesday in June, 1867.

F. B. THOMAS, President.

I. B. WASHBURNE, Secretary.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Why the Ear is Syringed.—Foreign Bodies in the Ear.

By A. D. WILLIAMS, M. D., Cincinnati.

WHY do we syringe the ear? Common as is this little operation among physicians, it is not every one that could answer this question altogether correctly. A distinguished European surgeon once said in reply to a young student who was intending to give his whole time to diseases of the ear, who, in modern language, intended to make a *specialty* of the ailments of this organ.—“All you can do in that department of surgery is to *syringe* the ear and put on a *blister*.” This is too much the opinion and practice too, of the present day. It is said: “There is reason in everything.” There must, therefore, be a reason for syringing the organ of hearing. Troeltsch, in his little book on the ear, suggests that it should only be syringed when there is something in it that should come out. In my judgment, there is only one justifiable cause for syringing the ear—only *one real indication* for it—and that is, simply, for the sake of *cleanliness*. I can conceive of no other reason for it, and can imagine no other circumstances under which the syringing would have even a shadow of justification. I speak thus positively in regard to this matter, trifling as it may seem, because I know something of how often and how much the use of the syringe is abused as respects the ear. In fact, among the people at large it is a popular idea, that the only thing to be done, in aural trouble, of whatever nature, is to inject water—frequently *soap-suds*—into the external meatus. Hence, the reason why we so often have to listen to the common story of patients, as to how they had syringed the ear with soap and water, for so long a time, for they knew not what else to do, and thought they must do something. Not unfrequently they say they called in such and such a doctor, and *he* told us to do it.

Against this indiscriminate syringing of the ear, I enter a serious protest. For it is not such a small matter after all. Strong men and healthy women sometimes faint from it, and tumble over flat upon the floor. The rule is: “*never syringe the ear unless there is something in it that should come out.*” If physicians will

only bear this one little idea in mind, they will not often cause their patients the pains of an *acute otitis externa*, by unnecessary syringing, and particularly with cold water, which should *never* be injected into the ear.

It is the duty of every physician first to look into the ear before syringing it; and if he finds nothing there, and sees that the different parts are all clean, not inject the water into it at all. For I again insist upon it, that the want of cleanliness is the only reason why the ear should be washed with a syringe.

Anything foreign to the ear may be washed out. Hence, foreign bodies may be removed from the external meatus in this way. Accumulations of wax, or cerumen, which act precisely as foreign bodies, are most frequently found in the meatus, which are always to be removed by the use of the syringe and warm water. It requires generally not more than four or five minutes to clear the ear perfectly in such cases, if the simple details of syringing it are followed. If this is not done, anybody, however skillful he may be in other matters, can fail completely in the attempt.

Sometimes, when the wax adheres firmly to the walls of the meatus, we meet with difficulty in trying to remove it. But here, it is only necessary to persevere a little in the syringing operation, till the wax is softened, and then it comes away very easily. For the sake of softening these ceruminous collections, it is never advisable to drop sweet oil or warm water into the ear, and let the patient go away with the promise to return again next day, and have the matter attended to. The wax, upon becoming wet, sometimes swells considerably, and causes more or less trouble; may increase the hardness of hearing, and may give rise to *severe* and even *painful* noises in the ears.

Under such circumstances, the patient is very apt, and naturally enough, to lose faith in the man who made his trouble worse, and instead of coming back goes to somebody else, who syringes the ear, and in a moment gives him relief. For this reason, I think it best always to persevere in the first syringing, till the wax comes away. The cause of these frequent accumulations is supposed to be *hyper-secretion* on the part of the wax follicles in the external meatus. *Foreign bodies proper* in the outer ear are of quite common occurrence. Children frequently put peas, beans, bullets, bread, slate pencils, and such like, into the ear, by accident. Their removal becomes, therefore, a matter of great interest and much importance. Formerly men resorted to all kinds of expe-

dients. Some of them were very ridiculous; and now when we read about them, we think that the men who proposed them could not have been in earnest. For instance, *Itard* is said to have recommended that seeds should be left in the ear until they sprout, and then be removed by the sprouts; *Bermond* reported that he had removed a bean by placing a leech upon it! Such things are to be referred to now only to be laughed at. At the present day aural surgeons remove all these foreign bodies by the judicious use of the syringe. In the same way that we can syringe wax out of the ear, we can remove a pea, or bean, or anything else that may chance to get into it.

Insects sometimes creep into the ear, and by their movements start up a most terrible thunder storm there.

The suffering in such cases is sometimes really excruciating. The noises are so very loud, that persons with insects in their ears frequently ask the bystanders if they don't hear them. Under such circumstances patients must have instant relief. What can be done? First, either pour oil or water into the ear, and either drown the animal or make him crawl out. This he will sometimes do. If you drown him, you can stop his locomotions, and give the sufferer in a few moments perfect relief. Then you have only to remove the insect's carcass as you would remove an ordinary foreign body, with the syringe.

It is said of President Madison, that when an insect got into his ear, he darkened the room, lit a candle and held it before his ear, and it walked out in order to get to the light.

The subject of foreign bodies in the ear is one of much interest and of great importance, and deserves to be studied at great length. For, in my judgement, there is no branch of surgery where so much genuine mal-practice is done as in cases of foreign substances in the ear. Many an ear has been torn to pieces by the efforts of the surgeon to remove a bean or a pea from it. The great violence with which these efforts are sometimes made is really frightful, and it fairly makes me shudder to think of it. In Vienna I saw the lamented *Schuh* gouge or pry beans out of children's ears with *scoops*, and streams of blood would follow them. In Berlin I saw the great *Zangenbeck* attempt to remove a piece of slate pencil from a little boy's ear, who was about ten years old. Armed with forceps and scissors, the bloody work begun. A strong pair of forceps was forced down to the bottom of the meatus, and the first part that came in the way was fastened

upon, and the whole strength of one man was exerted to pull it out. This operation was repeated several times without success. Of course, the blood ran freely. From the nature of the work it is reasonable to suppose that the soft parts were torn, at least, to pieces. The attempt to remove with forceps having failed, an incision was made behind the auriculum, down upon the membrana tympani, with the hope that the pencil might be extracted through it. But this failed. All hopes of its removal were now given up. The parents were told that the little boy must remain in the hospital for fear he might get severe inflammation in his ear and die in consequence. What became of him I do not know. Judging from the appearances, there was not only danger of inflammation of the ear, but also of the brain.

I give these few instances to show merely the violent way in which foreign bodies are generally removed, or attempted to be removed, from the aural canal. Nothing, in my estimation, is to be condemned in stronger terms. First attempt to syringe them out, and in a large majority of cases you will succeed, if you syringe them properly. If, however, you do not at first succeed, let the foreign body remain a while, and then try the syringe again. In the mean time, incline the head far to the side where the trouble is, with the hope that the foreign substance may work its way out by gravitation; at the same time the pressure is taken off of the membrana tympani; for the substance gravitates *outwards*. In this way, also, whatever pain and urgent symptoms may be present, are, to some extent, relieved. By this process, sooner or later, all foreign bodies may be removed. If it takes days or weeks, it does not matter,. The ear soon becomes accustomed to their presence, and will tolerate them indifferently. Be not, therefore, in too big a hurry. But this remember: *never do violence to the ear by your efforts at extraction*. Never use a scoop or forceps, unless in cases where you can get a hold without any difficulty whatever. As above intimated, the foreign body had better remain, than for the ear to be destroyed by your efforts at removing it. The danger to the life of your patient will not be so great. For such severe injuries to the ear may easily extend to the brain.

I have thus given in as few words as possible, the leading items and details connected with this interesting and important subject. What I have omitted, I trust somebody else will supply. It is of vital importance that we know more about the commonest

ear troubles than what we do now. For this purpose I have introduced this subject.

The *diseases* of the external meatus will be the subject of a future consideration.

Editor's Table.

The American Medical Association.

A large amount of space is occupied in the present number with a full and connected report of the proceedings of the American Association at its recent sessions in this city. Of necessity much other matter is thereby excluded; but we feel confident our readers will thank us for this report.

Notwithstanding the want of generosity on the part of most of the leading railway management, which, doubtless, prevented the attendance of many members residing at a distance, still there were registered nearly four hundred delegates and permanent members; and, as will be seen from the proceedings, much business of importance to the profession was considered. Several of the reports were peculiarly interesting and valuable; that by Prof. Gross on Medical Education was most heartily responded to, and we hope will be speedily laid before the profession, in advance of the Transactions.

It is scarcely becoming in us to speak of the social feature of the meeting, though we are sure that there was a feeling of intense gratification on the part of our visitors, with the hospitality displayed by our citizens and the profession. On Tuesday evening the Profession gave a grand banquet at the Melodeon Hall. On Wednesday afternoon the Association drove out to Clifton to enjoy the hospitalities of Hon. Geo. H. Pendleton. This proved a delightful excursion for our guests—most of whom were entirely unprepared for the beautiful suburban display that greeted them, or for the beautiful view of landscape that stretches out for many a mile from the grounds of the "Bowler Place." Mr. Pendleton received our guests with grace and elegant profusion. We only regret that a few were discourteous enough to associate Mr. Pendleton's entertainment with his supposed political aspirations;

but so far as we know this impoliteness was outside of the professional visitors.

The city displayed its appreciation of the Association, by an excursion on the magnificent steamer *America* on Thursday afternoon. Thursday evening was devoted to elegant entertainments given by His Hon. Mayor Wilstach, Mr. and Mrs. Larz Anderson and Professor George Mendenhall. There was a reception at Messrs. Anderson's Wine House on Friday morning; and Friday afternoon, after adjournment, there was the excursion to Longview Asylum, closing up the whole. Dr. Langdon received the guests with his usual courtesy; and Cincinnati doctors felt a good deal of pride in the complete Institution which he was prepared to show them. Take it altogether, the meeting was delightful in all its aspects, marred alone by the one unpleasant feature, the absence of hoped for and old time brethren from the South.

Next year, and by resolution, every alternate year thereafter, the Association is to meet in Washington City—these to be devoted to hard work, and the social feature to be kept in abeyance. We have no great confidence in the observance of this purpose.

From a careful observation of the workings of the Association, we think it clear that to be a great power, more time must be devoted to these annual meetings; one full week is little enough time for its deliberations. And second, we are satisfied that the working in sections is a great mistake. We find no important advantages in the arrangement, and observe that in many respects it is an objectionable complication of the Association machinery.

The Convention of Medical Teachers held its sessions immediately preceding the assembling of the American Medical Association, and in many respects was one of the most important meetings of medical men in this country. If its recommendations are agreed upon by the Colleges, it will inaugurate a most important and radical change in medical teaching and scholarship. Its report to the Association was earnestly responded to, showing that the mass of the profession are in earnest in their efforts to reform and elevate the requirements of professional knowledge for the degree.

Medical Department of University of Virginia.

WE noticed last month that some effort was being made to consolidate the Medical College at Richmond with the Medi-

cal Department of the University. In an elaborate reply to this suggestion in the *Richmond Medical Journal*, we find very strong reasons given adverse to the proposed fusion; and so much so, that it appears to us, neither school would be benefitted, while the University would probably be crippled.

Surgeon General McDermont's Report.—Professor Hamilton.

HAVING printed in full the strictures of Professor Hamilton in our last issue, it is no more than just that we give Dr. Reeve's reply, which we take from the last number of the *Cincinnati Medical Journal*:

"MESSRS. EDITORS:—Please allow me space for a few words in reply to Professor Hamilton's strictures, upon my 'endorsement' of Surgeon General McDermont's report.

"I quoted the report as evidence of the necessity of the passage of a measure which would, undoubtedly, be of essential service to the profession in elevating the character and standing of its members, and to the community at large, by ensuring well-educated medical men. I quoted it without thought of examining its correctness, and claim that it was perfectly right to do so, it being a public document. I, therefore, leave to Dr. McDermont the task of verifying the statements contained therein. I deny having 'denounced' my medical brethren; deny that such a construction can justly be placed upon the position taken, that 'the possession of a diploma is no longer considered a guarantee that its holder is a well qualified medical man.' I deny, too, most emphatically, any intention 'to read the great body of the profession out of respectable standing.'

"Since the bill has been defeated, it is needless to adduce further arguments in its favor. They are, by no means, exhausted, however, and I may be allowed to mention one not included in my last letter. I allude to the number of men practicing medicine (regular,) who are not graduates

"In the county in which I reside, quite one-half the practice, outside of the city and towns, is in the hands of such men. Now if an army examination of graduates gives a poor record, how would it be with these? They have entered the profession without any examination as to qualifications or acquirements, and the community suffers the consequences.

"It is noteworthy, that Professor Hamilton can not find a word to say in favor of the measure under discussion; he avoids the

real issue entirely, and confines himself to a point upon which I shall be gratified to find that an error has been committed. Yet, if men, occupying the high position he does, as a practitioner, and as a teacher, do not support a measure so evidently necessary, we may well despair of any efforts, in this direction, to elevate the profession and protect the community. Yours, &c.,

"DAYTON, OHIO, April, 1867.

J. C. REEVE."

Medicine an Aggregate of Progressive Sciences.

SUCH is the very suggestive title of a Valedictory Address at the last Commencement of the Medical Department, University of Maryland. By Professor F. Donaldson. We thank the author for the pleasure of its perusal. The topics tend to illustrate the general proposition enunciated in the title of the Discourse—and they do so satisfactorily; but they are gracefully interwoven with pleasant allusions to various progressive developments of the sciences, whose aggregate go to make up the grand whole which we express in the Art and Science of Medicine.

Editorial Change.

THE last number of the Nashville Journal announces the withdrawal of Professor Eve and Professor Jones from the editorial management. Hereafter, Professor Bowling becomes sole editor; and owing to the pecuniary embarrassments of the country, the Journal is to be reduced to a 48 page monthly, and the price will be made \$3,00 a year.

A New Medical Journal.

WE have received the first number of the "Leavenworth Medical Herald." Edited by Drs. C. A. Logan & T. Sinks. It is a very handsome monthly, of 48 pages, afforded for the moderate price of \$3,00 a year. Its arrangement is good, and its editorial snaps well. We wish this new enterprise a hearty God-speed.

Pubic Version in Utero—The Woman placed on her Knees and Chest.—Dr. Hadden writes the N. Y. Record as follows:

IN an article, published in the Medical Record, August 15, 1866, I remarked that pubic version, in my opinion, could be performed much easier were the woman placed on her knees and chest than by the usual method. I do not refer now to the opera-

tion by external manipulation, but only to one where the hand is required to be introduced into the uterine cavity.

Since the publication of that article I have attended three cases of confinement, wherein pubic version was required, and could not be performed by external manipulation in consequence of the bodies of the children being impact, and have done the operation according to the above plan with eminent success.

CASE 1.—Was a Mrs. N——, twenty-eight years of age, in her fourth confinement. When I reached her bed-side I ascertained that she had been in labor several hours, and that her pains had been very strong. I examined her, and found the umbilical cord presenting, prolapsed about twelve inches, cold, and feebly pulsating; also, the body of the child lying transversely, considerably impacted. I placed the woman in the position above described; administered chloroform; returned the cord by Dr. T. G. Thomas's method, and without withdrawing my hand, or changing the woman's position, seized the foot, and turned and delivered the child in a few moments' time, successfully, alive and uninjured.

CASE 2.—A Mrs. D——, aged thirty five, in her eighth confinement. This case was similar to that of Mrs. N——, excepting the funis was not prolapsed; the side of the child presenting. I arranged her in the same position, and operated in the same manner, without administering chloroform, with like success. Anæsthesia was not resorted to in consequence of her preference to suffer.

CASE 3.—A Mrs. B——, in her fifth confinement, aged thirty. In this case the shoulder was presenting, and so impacted that it was difficult to distinguish it from a breech-presentation. On being satisfied that it was not breech, I placed her in the position required by the method, administered chloroform, and performed the operation with the same success as related in the other cases. Mother and child doing well as the above

The position of the woman in these three instances I am thoroughly convinced rendered operations very easy, which otherwise would have been very difficult.

The advantages gained over the usual method by thus operating, are obvious to any practical obstetrician.

The first is the relaxation of vaginal sphincter and walls; the second, the gravitation of uterine contents relieving impaction; the third, the retaining of the amniotic fluid during the operation; the fourth, the hand and arm may be introduced into the uterine

cavity more nearly in a line of the axis of the superior strait, the cervix and perineum being yielding.

Trousseau's Syrup of Lime in the Treatment of Acute Rheumatism.

We find in the *Boston Medical and Surgical Journal*, for February 28th, the following statement in regard to the use of lime in Rheumatism :

"Having for a year past used what I consider a new remedy for rheumatism, and with better success than from any other remedy, I consider it proper to ask the profession to make a trial of it. It is the syrup of lime, made according to TROUSSEAU's prescription, as found in *Parrish's Pharmacy*. I have used it, according to the severity of the case and the age of the patient, in the dose of ten drops to forty-five drops, and repeated it from two to six hours, as symptoms have seemed to demand. In but one case has any opiate been required from the beginning. Two cases were complicated with Bright's disease, as indicated by the great abundance of albumen and the casts, as seen in the urine. In one of these the albuminuria entirely disappeared, and in the other it has been largely diminished.

"There has been no constipation, but generally looseness of the bowels, after a couple of days' treatment.

"The medicine is best taken in unskimmed milk, in quantity from a tablespoonful to four ounces, according to the size of the dose of syrup."

For the information of our readers, we copy from *Parrish's Pharmacy* the prescription alluded to in the communication above.

"CALX SACCHARATUM, SYRUPUS CALCIS.—Trousseau used the following proportions for producing a solution of lime by the aid of sugar: One part of slaked lime, ten parts water, and one hundreds parts syrup are boiled together for a few minutes, strained and diluted with four times the weight of simple syrup.

"This syrup has an alkaline taste and reaction, and is the solution of a chemical compound of sugar and lime. It is used for the same purposes as lime water, but on account of its causticity it is necessary to dilute it considerably. It is given to children in the quantity of twenty or thirty grains during the day; adults take from two to three drachms during the same time."

PARRISH's formula as above given is incorrect.

"Trousseau's own statement is of syrup saturated with lime. '*Il se prepare en saturant le sirup de sucre par le chaux et en filtrant.*' On looking at Parrish, I find it is to be made of *slaked lime*. This is entirely wrong. *It should be made of caustic lime*. The best formula would be to mix two ounces of lime unslaked and eight ounces of sugar together in the mortar, and pour over the mixture a wine pint of boiling water. Filter and add boiling water enough to make up the pint. By the use of boiling water, the operation is more rapid, and the formation of lumps is avoided. Of this I have given as much as forty-five drops every two hours in one case of acute rheumatism. Generally thirty-five drops in half a tumblerful of milk every three hours have been enough. The diet in my cases has been left to the patient's choice."—*Detroit Review of Medicine*.

Tomiting in Pregnancy.

In a recent discussion of the sickness of Pregnant Women, published in the *Union Medicale*, M. Gros reported a case in which this symptom had continued for a long time, reducing the patient to extreme emaciation. He administered pepsine in the dose of fifty centigrammes, (about eight grains) before each meal, with complete relief. Many other remedies had been previously tried without the least benefit.

The efficacy of this remedy in these cases was substantiated by Drs. Duhomme, Pioget and Labbe. It was remarked that the action of this remedy is somewhat uncertain, owing to its liability to change. It should not be administered in too hot a vehicle, as a high temperature destroys its efficacy. Another objection to its common use is its great price.

Dr. Dufour said that in many cases he had found chlorohydric acid an equally efficient remedy, and not liable to the great objections which exist against pepsine; he had found it to be almost equally successful in these cases.—*Boston Med. & Sur. Journal*.

Cholera Prize of Twenty Thousand Dollars.

One hundred and ten works were sent this year to the Imperial Academy of Sciences of France for competition. The report is highly interesting, and gives a good idea as to the manner in which the cholera has been studied. The full prize was not awarded; but various amounts have been granted to Messrs. Legros and Goujon for their experimental researches; to M. Thiersch for his experiments on 104 mice with choleraic dejections; to M. Baudrimont for his atmospheric researches bearing

upon cholera ; to M. Worms for his essay on prophylactic measures ; and to Dr. Lindsay, of Edinburg, for his experiments on the transmission of cholera by the clothes.—*Medical News*.

Therapeutical Society.

A society under this title has just been set on foot in Paris. In the prospectus it is stated that its object is to successively investigate the various agents of the *Materia Medica* which have been employed from ancient to the present times. It is especially desirous of instituting numerous experiments on animals for the appreciation of the physiological action of medicinal substances, clinical observation then being resorted to in order to control these and exhibit their true therapeutical action. With this view the society will not be exclusively confined to medical practitioners, but will also admit into its ranks veterinarians, chemists, and all those who are engaged in experimental physiology. The number of members is, however, to be confined to sixty—viz : forty-five Doctors of Medicine, seven Veterinary Doctors, and eight Pharmaciens. The society starts well as regards officers : MM. Trousseau, Honorary President ; Pidoux, President ; Gueneau de Mussy, Vice President ; Paul, Secretary ; Delpech, Treasurer ; Gubler, Bouley, and Mialhe, "Conseil de Famille ;" Bricheteau, Moutard-Martin, and Herard, Publication Committee.—*Med. Times and Gaz.*

Reviews and Notices of Books,

OBSTETRICS: THE SCIENCE AND THE ART. By CHARLES D. MEIGS, M. D., Late Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College, at Philadelphia, &c., &c., &c. Fifth edition. Revised. With one hundred and thirty Illustrations. Philadelphia: Henry C. Lea, 1867. For sale by Robt. Clarke & Co.

A New edition of the excellent text book of Prof. Meigs on Obstetrics, calls up freshly and vividly the form and musical voice of this distinguished teacher. Few men had the power of fascinating a class, as Chas. D. Meigs, when in his prime he taught his favorite branch in the Jefferson Medical College. Some of the peculiar views of our author are now regarded as perhaps ob-

solete or doubtful; still, as a teacher and practitioner, he was safe, successful and self-reliant, and his works have been long the guide of a vast number of most excellent practitioners all over this country.

The present edition appears to have received the author's careful supervision, with a view of bringing up all the improvements in this important department; but its examination shows it to be essentially the same work, with no very material modifications. It is a very complete, and very well arranged system of Midwifery, and we cordially commend it as we have done heretofore.

Dr. Meigs takes occasion to allude to the probability that this will be last occasion of his appearing before the profession as an author. Whether this be true or not, we trust our venerable friend will be spared yet many days to enjoy the fruits of his well-earned reputation, in the quiet of a serene old age.

WHY NOT? A Book for every Woman. By HORATIO ROBINSON STORER, M. D., of Boston, &c., &c. Issued for general circulation by order of the American Medical Association. Boston: Lee & Shepherd, 1867.

WE have already had occasion to notice quite fully this Prize Essay. The present is a second edition, in which the author takes occasion, by way of preface, to make several explanations, both as to the manner of the book, and in response to inquiries which the first edition called out from various correspondents. We believe this little book will do good.

TREATMENT OF FRACTURES OF THE LOWER EXTREMITY. By the use of the Anterior Suspensory Apparatus. By N. R. SMITH, M. D., Professor of Surgery in the University of Maryland, Baltimore. Kelly & Piatt, 1867. For sale by Robt. Clarke & Co. Price, \$3.00.

“THERE is, perhaps, no department of Surgery in which the mechanical appliances required are so imperfect, as that which relates to Fractures of the lower Extremity. This may be justly inferred from the unhappy results—deformities and lameness—which so frequently follow from the treatment of such injuries by the mechanical means hitherto employed.”

Such is the apologetic, though very truthful, introductory paragraph of our author's preface to the elegant monograph before us.

The peculiar views of Professor Smith concerning this class of

fractures, and his favorite plan of treatment, are well known to surgeons throughout the country, and, to a degree, familiar to general practitioners. His splint, which is the essential feature, is a light "turned wire" splint, extending from a point a short distance above the anterior superior spinous process of the ilium, to an inch below the toe. It has three obtuse angles, one corresponding to the ankle, one to the knee, and one to the hip. There is another important part of the apparatus in the pulleys and cords for suspending the apparatus. This means of appliance Professor Smith uses for the treatment of all fractures of the lower extremity; and he gives in this little volume a number of cases, the results of which seem to indicate that he had in a fair degree solved the problem of the paragraph quoted from his preface above.

The book is printed in the finest style of typographical art. The paper is heavy—tinted—and well toned; the letter-press beautiful, and the engravings most excellent. Our readers will enjoy the perusal of this little volume, both for its matter, and the elegance with which it is presented.

SERMON delivered at the Funeral of JOHN DELAMATER, M. D., L. L. D., in the First Presbyterian Church, Cleveland, April, 1867. By H. GOODRICH, D. D. Published by the medical friends of Dr. Delamater. H. K. Cushing, E. Sterling, G. C. E. Weber, Committee.

ONLY a short time ago our obituary department announced the departure of the venerable Delameter, full of years and honor. Through the courtesy of Professor Weber we are permitted the privilege of reading the appropriate and affectionate tribute pronounced at the funeral, by Rev. Dr. Goodrich.

A THEORY OF INFLAMMATION. Its Cause, Course and Rationale of Treatment. By NELSON L. NORTH, M. D. New York: Wm. Wood & Co., 1867.

WE have not had time to examine the Essay presented by Dr. North. We acknowledge its reception, and may recur to its views at some future time.

Business Notices and Acknowledgements.

NEW BOOKS—

SMITH—Modern Anæsthesia. BROWN & GROSS, Hartford.

STORER.—Why Not? New edition. Lee & Shepherd, Boston.

DIAMOND DICKENS.—Since our notice of "The Pickwick Papers" two more volumes of this charming series of Mr. Dickens are issued—*David Copperfield* and *Our Mutual Friend*. Of course, at this late day, a full notice of these books is out of place. We only say that even the illustrations, so well supplied by Mr. Eytinge, call up our vivid remembrance of all the story. We are glad to know that the public appreciate this series, as evidenced by the large sale, as we learn, of forty-five thousand copies of the three current issues above named. The price is very cheap, \$1,50 a volume, for the illustrated edition, and \$1,25 for the plain. We are also pleased to see that the same publishers, Messrs. Ticknor & Fields, announce other editions of Dickens; thus affording still further range for taste, with the admirers of the great novelist.

The ATLANTIC MONTHLY, OUR YOUNG FOLKS, and EVERY SATURDAY, are regularly and promptly on our table, and amply sustain their established excellence.

HARPERS' MONTHLY MAGAZINE. Price, \$4,00 a year. Certainly very remarkable for its literary and artistic goodness and worth, as compared with its very moderate price.

GODEY'S LADY'S BOOK. Price, \$3,00 year. The oldest and best Lady's Magazine in this country.

OLIVER OPTIC MAGAZINE. Continues its weekly visits, to the great acceptance and delight of the children. Price, \$2,00, or Five Cents a number.

The Ohio State Medical Society meets at Yellow Springs, Tuesday, June 11th.

E. B. STEVENS, *Secretary*.

THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

JULY, 1867.

No. 7.

Original Communications.

ART. I.—*Experience in the Treatment of Cholera.* By
S. S. TODD, M. D., of Kansas City.

YOUR readers will remember the articles of Dr. Alexander McBride, of Berea, Ohio, published in the LANCET & OBSERVER for May and June, 1866, in which the writer advocated strongly the use of cantharides in the treatment of Asiatic cholera. Having witnessed a former visitation of the disease, and having little faith in the remedies or modes of treatment then or since adopted, I was not a little disposed to try the plan of Dr. McBride, which, however empirical it seemed at first, appeared, on close examination, to promise a better fulfillment of all the indications pointing to a cure, than any old or newly proposed remedy. Accordingly, I sought the first opportunity of giving the remedy a trial, in connection with the dilute sulphuric acid, of the value of which, both in the prevention and treatment of cholera, I had great faith, and in the early period of the attack always associated with laudanum.

Partly at the request of the doctor, and partly from a desire to have the plan of treatment thoroughly tested, I give you, briefly, my practice, in a limited number of cases, with the results:

First, ten grains of mass. hydrarg and a large plaster of the cer. cantharides, applied *early* over the stomach and bowels; to be removed before vesication if the symptoms abate. It is

designed that the active principle of the fly shall be absorbed.

Second, the following mixture:

R	Tinct. Cantharid.	fl ʒij.
	Acid. Sulph. Dil.)	
	Syr. Tolutani,	{ a. a. ʒj.
	Tinct. Opii.	ʒij. mix.

For an adult, two teaspoonsful of the mixture in a wine glassful of water, every half hour or hour. If rejected by the stomach, repeat *at once*, until retained. When the more alarming symptoms abate, administer more sparingly.

This is intended for use prior to collapse, and as soon as diarrhea or vomiting first occurs, and immediately following the mercurial.

For collapse, the same, except that the tincture of opium is omitted, and the dose increased to three teaspoonsful. One of the most remarkable and invariable effects is the immediate cessation of cramps, if they have been present. The pulse, too, is increased in fullness, and the heat of the body augmented. This is often seen temporarily in those who are beyond recovery. How far these results are due to the sulphuric acid I am unable to say, as I have not used the cantharides except in conjunction with the remedies named. No alcoholic stimulant is allowed and cold water is given by the teaspoonful only. The extremities should be kept warm with a dry heat. They should be well covered, and no rubbing allowed. The patient should take his bed on the appearance of the first symptoms, and the most absolute quiet of the patient and surroundings should be preserved. If the case is dangerous, he should not even be allowed to turn over in bed, and should be prevented from getting up to have his evacuations, and urged to restrain them as long as possible. The first dose of the medicine is usually rejected, but if it is repeated immediately it will be retained. Strangury is rare, and if produced, is easily removed by a dose of morphia. I had but two cases where strangury resulted, and in both the cholera symptoms were of mild character.

The disease prevailed here from the 13th of August to the 1st of November, 1866, a period of eleven weeks. During this period I had twenty-three cases only under my exclusive care and treatment, all of whom were subjected to the foregoing treatment, with slight variations. In none of the cases was the blister omitted, and all had the tincture of cantharides and dilute sulphuric

acid in very nearly the proportions given. Of these twenty-three cases, sixteen recovered, and seven died. Among the cases of recovery six were of mild character, attended either with vomiting or purging, or both; seven were of severer type, and partially collapsed, while three were completely collapsed. Of the ten who were either partly or wholly collapsed, and recovered, all of them were adults, seven of them being males and three of them females. In none of the cases of recovery was there consecutive fever. A large majority of these cases were seen and treated early. In one case only had the disease been in existence over ten or twelve hours, and in this case complete collapse came on shortly after my first visit. The patient was able to leave his bed in five or six days.

Of the fatal cases, all were adults, six males and one female. Only one was treated early in the attack. This patient was in good health, had been to market, and on her return complained of nausea, and in an hour was collapsed. I saw her first an hour later. Under the treatment she rallied a little and grew warm, and an hour before her death was able to jump quickly out of bed, against remonstrance. She died six hours after I first saw her.

I do not hesitate to express the opinion that a majority of the fatal cases witnessed by myself might have been saved by the medication I have described, had they been timely treated. I hardly dare estimate the relative value of this treatment with that of other plans now in use; but comparing it with the treatment I saw adopted in the years 1849-'50, when calomel and opium were the remedies chiefly relied upon, I am impressed with the belief that we are rapidly tending to the point when cholera shall be shorn of half its terrors.

Before closing this communication I wish to call the attention of the profession to the use and probable value of the dilute sulphuric acid (U. S. Phar.), as a prophylactic in epidemic cholera. A fluid drachm of the acid in a wine glassful of water before breakfast, and the same before retiring at night, is sufficient. I used it in my own person during the prevalence of the late epidemic referred to, and in a large number of other cases, in all with complete satisfaction. Many of these parties were exposed as nurses for several consecutive days, and none of them took the disease. Under its use the digestive organs rapidly acquire a marked and persistent tonic, and the mind an unwonted

cheerfulness, in healthy as well as in feeble subjects. I doubt if the strongest terms of praise can sufficiently commend its use.

ART. II.—*Ferri Carbonas Effervescens*. By Dr. S. WEIDLER, Cincinnati.

A FORMULA and mode of production of this iron preparation was recommended in a foreign medical journal some years ago, of which I give an extract made at that time.

PHYSICAL AND OTHER PROPERTIES.

"When it is carefully prepared it has all the appearance of the popular and well known granular effervescent citrate of magnesia, with the addition of a yellowish green tint. Every drachm and a half contains ten grains of sulphate of iron, which, with a complement of bi-carbonate of soda, is certain to produce in a state of solution four grains of nascent proto-carbonate of iron. At the same time there is developed a tartrate with a little citrate and sulphate of soda, which is, if anything, an advantage, as they act the part of a very gentle aperient, obviating the usual astringent effect of preparations of iron, as well as the too frequent constipation attending cases requiring chalybeates, particularly amongst females. The taste of it depends very much upon the amount of dilution, when taken in the dose and manner hereinafter recommended. The taste is that of a mild, sparkling and refreshing chalybeat.

"The dose is a teaspoonfull, more or less, twice or thrice a day, in a tumbler or more of sweetened water.

"In facial or other forms of neuralgia, arising from anaemia or other causes, relievable by iron, and particularly if the bowels are at all torpid, a few doses often act like a specific.

About the properties of the preparation of the *Ferri Carbonas Effervescens*, I wish to remark:

1st: That it is for the great quantity of carbonic acid developed by dissolving the preparation, not only very pleasant to take, but, what is still more important, it agrees best with the weakest stomach.

2nd: The iron contained in the solution as "Nascent Proto-carbonate," is chemically and morphologically considered more apt for resorption than any other iron preparation.

3: The combination of the iron with tartrate, sulphate and citrate of soda, renders it as an anti-phlogistic tonic, for it acts, as is above said, the part of a gentle aperient, and for these qualities it comes near to the most estimated mineral springs of Europe.

Though this valuable preparation was recommended years ago, it is strange to say, that I could not find it in the use of practitioners, or in the stores of druggists. The only reason I can think of must be that the production of a good preparation takes a good deal of care and time, and that, therefore, seldom a good one was produced. It would lead me too far, and be of no use here, to give the ways and means minutely how to get the best preparation, and, therefore, it may be sufficient to say that now a good article of the Ferri Carbonas Effervescens can be got at Leich, Carlstett & Co., wholesale druggists, Cincinnati.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE

J. L. Vattier, M. D., *President.*

G. S. Courtright, M. D., *Secretary*

HALL OF ACADEMY OF MEDICINE,
Monday Evening, May 27th, 1867.

Report of committee on vaccine matter offered the following resolutions, which were adopted:

CINCINNATI, May 27th, 1867.

To the President of the Cincinnati Academy of Medicine:

SIR:—The Committee appointed through you on May 20th, to consider the propriety of adopting some plan by which our members may be supplied, free of charge, with reliable vaccine virus, ask leave to report.

Believing in the practicability and necessity of the above named object, we have the honor to report the following resolutions:

Resolved, That a standing committee of three be appointed whose duty it shall be to receive, examine, envelop, under seal, date and number, all virus presented to the Academy, and keep a full record of the same, with name and residence of the donor.

Resolved, That this committee make all reasonable efforts to obtain the original virus from the cow.

Resolved, That they shall appoint one of their number, or other member, of the Academy, who shall furnish, free of charge, to any of the Society, a package of virus—a record of the same being kept, giving name of applicant and number of package.

Resolved, That members be requested to furnish to this committee, any incidents of interest coming under their observation in reference to the inoculating power of vaccinia, or other facts of interest to the Academy and to the profession, in connection with this subject, and that they be embodied in an annual report to be presented at such time as the Academy may determine.

Resolved, That all necessary expenses of this committee be paid out of the treasury of the Academy.

Respectfully submitted,

J. P. WALKER, }
D. D. BRAMBLE, } *Com.*

Dr Muscroft said :

“I am very glad the resolutions adopted contemplate the propriety of introducing the original vaccine virus, when it can possibly be obtained, as there is little doubt in my mind that great injury has resulted from the use of virus propagated from one child or person to another. When properly introduced into the system it will protect the child from the influence of small pox ; but at the same time other diseases may be introduced with it that will affect the constitution seriously for the remaining part of the life of the patient, and in some cases, inoculate diseases which may result in not very remote death. I have seen several children vaccinated in apparent perfect health, that have had cutaneous, and in one instance, serious scrofulous, diseases, set in simultaneously with the vaccine disease, which have been very intractable in their nature and very troublesome to cure. I do not think there is as much difficulty in obtaining the original virus from the cow as is generally supposed. I am informed by dairymen that all cows are affected with the disease *once* in a life time, and that it is apt to occur about the time of their “first milking, and that the disease now generally prevailed in the rainy part of Spring or Autumn. The doctrine mentioned by the celebrated Jenner that the vaccine disease originated in the horse from the grease, and afterwards communicated to the cow, is now found to be incorrect. For one of the best treatises upon this subject I will refer you to the monograph written by Sir Charles Bell.

“Another abuse that has found its way into the profession is

variola vaccination, and one that has been more or less extensively adopted, under the impression that the vaccine disease was small pox in the cow, and all that was necessary to do to obtain a large supply of vaccine virus was to inoculate a cow with small pox matter, and use the resulting lymph. This has led to a great deal of inconvenience and unnecessary suffering; and in some cases where such virus was adopted, there has been produced in the human subject variola so little modified that it has become the source of epidemic infection.

"The local effects themselves from this form of vaccination are much more troublesome, and the disturbance of the general system much greater, while the protecting influence falls far short of that of the true vaccine disease. My observation leads me to believe that the protection to the system from vaccine virus is more powerful than small pox itself."

Dr. Unzicker said that we could not inoculate the cow with small pox, but could with the vaccine matter, and thought that the virus from the latter was reliable.

Dr. Carroll thought that the vaccine matter was as good now as it was at the time it was first discovered, when obtained from healthy children.

Dr. Conner called attention to the large troublesome ulcers that sometimes followed vaccination, stating that on two occasions he had seen a considerable number of soldiers thus affected. Once at New Orleans, in 1863, and once at Fort Columbus, New York harbor, 1864. The number of these cases he could only give from memory, but those seen at New Orleans were probably about forty in number, out of some fifty men of a mess. Battery all vaccinated either directly or secondarily with virus from the same source. In these cases large ulcers appeared at the place of vaccination, the margins of which were much hardened and inflamed; the general appearance of the ulcers being much like large soft chancres—so much so that the men were sent to hospital under suspicion that syphilis had communicated to them. In most of these cases the axillary glands became much inflamed, and in some of them these glands suppurated. The cases seen in New York harbor were prisoners of war—Florida Home Guards—captured by General Asborth's command from Pensacola. These men were vaccinated in New Orleans, while on their way North, and when they came under observation some twenty or twenty-five of them presented ulcers, the appearance of which

was much like those observed in New Orleans the year before. These ulcers were very difficult to heal—many of them remaining unhealed for over three months. In none of the cases seen did the ulcers resemble true chancres, and no symptoms of constitutional syphilis were manifested while the men were under observation.

Dr. Foote said he had seen similar cases as those reported by Dr. Conner, and thought that the ulcers resembled rupia more than soft chancres, and in some cases he had seen there had been an ulcer on the arm from vaccination six months when he first saw it; but did not find in any case, when seen one year afterwards any symptoms of constitutional syphilis.

Dr. Young said that, in 1864, at Chattanooga, the men soldiers were vaccinated, and that the vaccine virus was received from the Medical Director, and was good. The veterans who had been on furlough were not affected unpleasantly, but men of other regiments that had not had a furlough, had very sore arms, and these men also had symptoms of scurvy, and thought this the cause, as these men afterwards had dysentery in a very severe form.

In one case of a veteran in which he had scratched his arm with a pin after vaccination, the arm was swollen and quite sore. In this case he applied a flax-seed poultice to the ulcer, and it healed.

Dr. Muscroft had seen similar cases in the army, and remarked he had never used the vaccine matter from the second inoculation—that is, after re-vaccination. Gave a case. A child of emigrants, eighteen months old, was vaccinated on shipboard. Took very well. Wound did not heal, and sloughed nearly into the bone. Child died with bowel disease—ulcer not healed.

Dr. E. Williams reported the following interesting cases:

CASE 1.—*Traumatic Tetanus*. A stout German man was kicked by a horse about twelve or fourteen days ago, cutting the skin over the outer margin of the orbit, but causing no fracture. A short time afterwards became unconscious, and then delirious for some hours. After this slept some during the night. On the next morning vomited for several hours, at intervals. Was seen by Dr. Chas. Woodward of this city, and Dr. Woodward, U. S. A. They did not think there was any fracture, but advised him to keep quiet. In two or three days went to work, spading, and worked hard all day. In the evening had giddiness. On the

next day I first saw him. He had complete paralysis of the left side of the face, with inability to close the eye. Vision good. Speech a little thick.

Diagnosed injury at base of brain, involving the trunk of *portio-dura*. Ordered him active purgation and a blister between the shoulders, and directed him to go home and go to bed and keep quiet, otherwise he might loose his life. Two days afterwards had symptoms of tetanus. The muscles of jaw and neck with retraction of the head (*opisthotonos*.) These symptoms increased and the man died to-day. No post mortem. The doctor said the point of interest in this case was that of paralysis of one set of muscles, and tetanic spasms of another. Thought the man had fracture at base of brain.

Bernard in his lectures on the functions of the cranial nerves divides them in pairs according to their physiological association. He makes one pair of the trigeminus and the portio dura, because the latter receives common recurrent sensibility from the fifth nerve. May not an injury to one or more of the terminal branches of the fifth affect the sensibility and nutrition of the portio dura so as to cause paralysis of the muscles supplied by that nerve? In cases of so-called reflex paralysis, may not the pathological sequences be explained in that way? But why facial paralysis should precede and accompany tetanic spasms of other muscles, I confess my inability to explain. I saw one case of the same complication before. Some years ago I was consulted by a stout man who had been struck in the eye by a large scale of iron an hour or so before. I saw that the eye was destroyed, and that a large foreign body had penetrated deeply into the eye, and hence, advised immediate extirpation. The patient refused to have it done, and I sent him away without any treatment, not being willing to assume the responsibility of delay. Twelve days afterwards he returned in extreme torture, and begged me to remove the eye. I found paralysis of the left side of the face, with slight rigidity of the jaw. I extirpated the eye under chloroform, and found the large scale half way through the sclerotic near the optic nerve entrance. The tetanus, however, grew worse, and the patient died in about a week after the operation. These two cases are the only ones I have ever seen or heard of, where that peculiar complication existed.

Dr. Bartholow thought the paralysis in the case reported was due to reflex action. Mentioned a case reported in Guy's Hos-

pital Reports, of reflex paralysis following disease of the kidneys. Said it was due to Drs. Mitchel, Kean and Morehouse, of Philadelphia, who had clearly demonstrated the cause of reflex paralysis in cases of gun-shot wounds. In many cases we may have the paralysis following injuries of nerves at remote parts.

CASE 2.—*Tumor at the Base of the Brain.* German woman, aged 22. Fair complexion and anaemic, in January last began to experience giddy sensations that have continued ever since. This has become more and more constant and troublesome, and is always aggravated by going up stairs, stooping, lifting, etc. The vertigo is often such that patient is compelled to hold on to something to prevent falling.

Four weeks ago was attacked with vomiting, but without nausea. Says she often knows she is going to vomit by the pain in the head. Matter vomited only food and mucus. Pain in the head constant—at times excruciating—seat of pain almost exclusively in the forehead, above the eyes. To-day complained of pain in the face, from hyperesthesia of the fifth pair. Mental functions not materially altered, except some failure of memory. She has double vision. It was on account of this that I was first consulted on the 18th inst.

I found the pupils moderately active to light, and the patient could read small print with the left eye, but vision of right not so good. Double vision present only when the object looked at was in the median line of the body. The images were homonymous, indicating convergence. Move the object to either side a few degrees, and the diplopia disappears. It can not then result from paresia of external rectus, but slight spasm of internal rectus.

Ophthalmoscope showed optic nerve very much swollen and greyish white from exudation in the pupillae and surrounding zone of retina. Veins of retina very large and tortuous, with numerous interruptions where they dip deep in the opaque nerve substance. Arteries not altered in size but obscured in many places by exudations.

Diagnosis—*Neuro retinalis.*

Thought she had some difficulty at base of brain, causing obstruction to venous circulation. In all probability it is a tumor at base of the brain, in region of sella turcica, pressing on cavernous sinus. Woman getting worse, and will die. Treatment, alliative.

Mentioned a similar case, with same diagnosis, in Commercial Hospital, that proved fatal, where an examination was made, and found a tumor at base of brain, involving lower surface of anterior lobe, and running obliquely backwards across the sella turcica to the petrous bone of opposite side

The use of the ophthalmoscope in the diagnosis of diseases of the brain, and of their nature and location, is daily becoming more important, and many monographs and reports of cases have recently been published.

OHIO MEDICAL SOCIETY—TWENTY-SECOND ANNUAL MEETING.

FIRST DAY'S PROCEEDINGS.

MORNING SESSION.

YELLOW SPRINGS, June 11th, 1867.

At 11 o'clock the President, Dr. J. W. Hamilton, of Franklin county, called the Society to order, and introduced Rev. Mr. Moore, who opened the meeting with prayer.

The Secretaries, Drs. Stevens and Hall, were present, and took their seats. The proceedings of last year were read in full, and, on motion, adopted.

Dr. McDermont, from the Executive Committee, stated that the Chairman of the Committee, Dr. Dunlap, was absent, but reported that all necessary arrangements had been made for the accommodation of the Society; that this church had been provided for the meetings, and that the citizens of the place were much interested and anxious for our pleasant comfort. Partial arrangements only had been effected with railroads for half fare—the Little Miami and the C. C. & C. acceding to the request.

The President announced the names of Drs. Brown, Mussey, Firestone, and Robb, to fill vacancies on the Committee on Admissions.

Also, Drs. Scoville, Wright, Boyd, and Kyle to fill vacancies on Finance Committee.

The Treasurer made his Annual Report as follows:

On hand at last report, - - - -	\$168 04
Received for Initiations, Ass't, &c. - -	340 40
	<hr/>
	\$508 44
Expended, - - - - -	449 23
	<hr/>
On hand, - - - - -	\$59 21

On motion, Treasurer's Report referred to Committee on Finance.

On motion of Dr. Hyatt, the hours of 8 o'clock, A. M., and 2½ o'clock, P. M., be made the hours of meeting.

On motion of Dr Kincaid amended to 8½ o'clock for the morning meeting. As amended, adopted.

Drs. Grey and Coleman also presented their credentials as delegates from the Miami County Medical Society.

The President proceeded to call the list of Special Committees. The Secretary presented a request in behalf of Dr. Reamy that he be continued to report on Puerperal Convulsions, his health not permitting him to complete his report for the present meeting.

Dr. Metz, on Aural Diseases, continued. Dr. Mussey, on Surgery, continued.

Drs. Davis, Kincaid, Denig and Brown, reported papers ready at the convenience of the Society, and the following gave their names to the Society as having volunteer papers:

Dr. Maris, of Columbus, on Medical Ethics, Dr. Firestone, of Wooster, on Rheumatism.

Dr. Boyd offered the following resolution:

That the reporters of Cincinnati Gazette, Times and Commercial, and Editor of Springfield Republic, be furnished with reports of Committees, and tendered the courtesies of the meeting. Adopted.

On motion, the Address of the retiring President was made the order for 2½ o'clock, P. M., to-morrow; and the visitors at the Springs, citizens, and the ladies were invited to attend.

The Finance Committee reported an assessment of \$2,00 for the current year.

Adjourned for recess.

AFTERNOON SESSION.

The President; Dr. Hamilton, in the Chair.

On motion, Dr. G. W. Maris, proceeded to read his Essay on *Medical Ethics*, which, on motion, was referred to the Committee on Publication, with instructions to print. Pending the vote, remarks were made by Drs. Wright, Landon, Stevens, Kincaid, McDermont and others, owing to a question whether the suggestion of Dr. Maris to print the Code of Ethics with each Volume of Transactions, was involved in the motion to print.

Motions were made by Dr. Hyatt that the Code be published every third year; by Dr. Mussey, that the Treasurer keep a supply of the Code printed, for distribution to all new members; all of which were withdrawn, the Treasurer stating that he had such a supply for the use of the members already on hand.

The Finance Committee reported as follows:

The Committee on Finance respectfully beg leave to report that the Committee having carefully examined the report, accounts and vouchers of Dr. J. B. Thompson, Treasurer of the Society, find them to be correct in every particular, and recommend that his report be accepted.

C. P. LANDON,	} <i>Fin. Com.</i>
M. B. WRIGHT,	
S. S. SCOVILLE,	
G. M. BOYD,	
JOHN G. KYLE,	}

Dr. McDermont, from the Committee on Medical Societies presented the Constitution, By-Laws, etc., of the Allen County Medical Society, an accompanying note from the Secretary, with the recommendation that the Allen County Medical Society be made auxiliary to the State Society. Report adopted.

The Committee on Admissions presented the credentials of Dr. J. S. McNeeley, Delegate from Butler County Medical Society. Dr. R. C. Reed, Delegate from Cincinnati College of Medicine. Dr. E. Jennings, Delegate from Montgomery County Medical Society. Dr. J. D. Kemp.

The Committee further report favorably on the application of these gentlemen for membership, all of whom were duly elected.

Dr. Brown, of Bellefontaine, then read the report of the Committee on the *Incurably Insane* of the State of Ohio. On motion, referred to the Publication Committee, with instructions to print.

Remarks were made by Dr. McDermont, who complimented the Committee and the Society, for the labor and ability of this Committee, and the measure of success which had been accomplished by its labors with the Legislature.

Dr. Coons moved that this Society endorse the the resolution adopted by the American Medical Association at its recent session, in regard to the Chronic Insane, and that a Committee be appointed to carry out the spirit of the resolutions.

Considerable discussion was had by Drs. Mussey, Coons, and Wright, and others, and finally, on motion of Dr. J. B Thompson, as a substitute for Dr. Coons' motion, it was agreed :

That the Committee on the Incurable Insane be continued, and that the resolutions of the American Medical Association be referred to that Committee for their consideration.

The Publication Committee made the following report :

That 300 copies of the Transactions for 1866 were published at a cost of—for printing, - - - - - \$293 55

Engravings for Dr. Gay's article, - - - - - 15 00

\$308 55

An increase of the number printed from 250 copies as heretofore to 300, and the greatly increased bulk of the Transactions, considerably increased the expense of the volume.

E. B. STEVENS,

Chairman of Committee.

Dr. Firestone then proceeded to read a lengthy paper on Rheumatism, which, on motion, was referred to the Committee on Publication, with instructions to print.

Adjourned until to-morrow.

SECOND DAY'S PROCEEDINGS.

MORNING SESSION.

Dr. Hamilton in the chair. Minutes of yesterday read and approved.

The Committee on Admissions reported favorably on the Application of the following gentlemen :

Drs. E. Horn, Yellow Springs; J. R. Black, Newark; Geo. S. Courtright, Cincinnati; W. H. McCracken, Springfield; J. N.

Stockstill, Carlisle; H. McCaskey, Batavia; W. M. Chesney, Kenton; J. H. Richie, Ontario.

On motion of Dr. Kincaid, and amended by Dr. Dunlap, 10 o'clock this morning was made the hour for the election of officers.

On motion of the Treasurer, Dr. Thompson, Dr. W. C. Moore, of Congress, was declared a member in good standing, he paying up arrearages and current fees.

Dr. Dunlap explained the reasons of his failure to report on Ovariectomy at the present meeting. On motion continued.

The Secretary stated that two Essays had been forwarded from the Butler County Medical Society, one by Dr. Coons and one by Dr. Falconer, as of sufficient general interest to be placed before the State Society. On motion they were ordered to be read.

There was a motion to reconsider, on the ground of the general impropriety of receiving Essays from the local Societies, which gave rise to an extended debate, by Drs. Wright, Kincaid, Dunlap, McNeeley, and others; but finally the motion to reconsider was withdrawn, and Dr. Coons proceeded to read an interesting and carefully prepared paper, entitled "*The Physical Education of Children.*"

The hour having arrived, the Society entered into the election of officers, with the following result, Drs. McDermont and Maris being appointed tellers:

EDWARD B. STEVENS, of Cincinnati, <i>President.</i>	
ROBT. ROGERS, of Springfield,	} <i>Vice Presidents.</i>
C. P. LANDON, of Franklin County,	
B. B. LEONARD, of Logan County,	
D. NOBLE, of Highland County,	
W. C. Hall, Fayetteville,	} <i>Secretaries.</i>
J. N. WEAVER, of Wooster,	
J. B. THOMPSON, of Columbus, <i>Treasurer.</i>	
I. L. DRAKE,	} <i>Com. on Admissions.</i>
H. COLEMAN,	
A. N. BEACH,	
W. D. SCARFF,	
J. D. EDWARDS,	

Dr. McDermont read a note from Mrs. Moore, in behalf of the

ladies of the First Presbyterian Church, to a Social Re-Union at the Yellow Springs House, this evening, at 7 o'clock.

On motion of Dr. Stevens, invitation accepted *heartily*.

The Secretary presented an account for money expended for Postage, Circulars and Railroad Passes, for \$14.00, which, on motion, was ordered to be paid.

On motion, Drs. Kyle and Firestone were appointed a Committee to escort the President elect to the chair.

On taking his seat Dr. Stevens acknowledged the compliment, in a few pertinent remarks.

On motion of Dr. Reed,

Resolved, That the paper of Dr. Coons, from the Butler County Society, be referred to the Publishing Committee, with instructions to print.

This gave rise to fresh discussion on the general policy of publishing papers by this Society which were first read elsewhere. Motion lost.

Dr. Jenner moved that the action of this Society on the paper of Dr. Coons is done in no spirit of unkindness to the Medical Society of Butler County, and that this Society expresses the kindest feelings for that Society and its members. Adopted.

Dr. Hyatt offered the following, which, under the rules, lies over until next year:

Resolved, That our rules be so amended, by the election by ballot at each annual meeting, of a Board of Censors, consisting of five members, to whom all papers and reports of committees shall be referred.

On motion of Dr. Mussey,

Resolved, That all papers sent from auxiliary societies shall be referred to the Committee on Medical Societies, and by it presented to the Society, if found to be of sufficient importance to occupy its attention. Adopted.

Resolved, That papers presented to this Society, in order to entitle them to publication in the Transactions, shall be original matter, and shall not be furnished for publication before their presentation in the volume of Transactions, unless special permission be granted by a two-thirds vote of the members present, on request of the author. Adopted.

The Society then adjourned until 2½ o'clock, P. M.

AFTERNOON SESSION.

The President Dr. Stevens, in the chair. The call of the Special Committees, passed on yesterday, being next in order, was

proceeded with. Dr. Scott, special Committee on the Practice of Medicine, reported progress, and asked to be continued. On motion, he was so continued.

Dr. John Davis, special Committee on Cholera, was called, and reported his readiness to report at the pleasure of the Society.

The Committee on Obituaries, Dr. Kincaid, was called, and reported that he would be ready to report before the close of the sessions of the Society.

The hour having arrived for the delivery of the Address of the retiring President, Dr. J. W. Hamilton, he was introduced to the Society by the President, and proceeded, his subject being "SOME OF THE WANTS, OR SUPPOSED WANTS, OF THE MEDICAL PROFESSION OF OHIO, MORE PARTICULARLY WITH REFERENCE TO LEGISLATION." The subject was handled with ability, and, on motion, referred to the Committee on Publication, with instructions to print.

On motion of Dr. J. G. Kyle, it was

Resolved, That the thanks of the Society be returned to the late President, Dr. J. W. Hamilton, and other retiring officers, for the prompt, efficient, and gentlemanly manner in which they discharged their various duties.

On motion of Dr. Boyd, it was

Resolved, That the thanks of this Society be cheerfully tendered the pastor, and other officers, of the first New School Presbyterian Church, of Yellow Springs, for the use of their church for the meetings of the Society.

Dr. John Davis, read his paper on Cholera, and in connection with it reported the treatment and result of one hundred and sixty cases that he had treated during last year, in the city of Cincinnati, his place of residence. The plan of treatment was, to give calomel, tannin, and piperine, combined with enough chalk and sugar, to prevent the dose being too pungent. Each dose contained one grain of calomel, two grains of tannin, and one of piperine. The doses were given every ten or fifteen minutes, even in violent cases in the first stage. The calomel was only continued till the stools were of some consistence and of a dark color. The astringent was discontinued when the patient had passed three or four hours without a discharge. The piperine, perhaps, combined with Huxham's tincture, or iron, can be used till reaction was established. For the vomiting, mustard over the stomach, and when this does not answer, small doses of cre-

sote and chloroform should be given. Of the one hundred and sixty cases treated only eighteen died.

On motion the paper of Dr. Davis was referred to the Committee on Publication to print, pending which, remarks were made by Drs. Kincaid, Carroll, Mussey, Wright and Scott.

Dr. J. W. Hamilton offered the following preamble and resolutions, which were, on motion, adopted :

WHEREAS, The Annual Report of the Surgeon-General of Ohio, for 1867, contains the remarkable statement that, in the examinations made during the late war, of physicians of Ohio, for the position of Surgeon and Assistant Surgeon, "none but the graduates of the regular medical colleges were admitted to examination," and that "of these, more than 80 per cent were rejected for incompetency," and

WHEREAS, Such candidates, so rejected, are in the same report denounced in terms as follows: 'and those rejected candidates, with hundreds of others equally incompetent, are scattered over the State, pursuing their fatal trade with criminal recklessness,' and

WHEREAS, It is stated in the same report that the State of Ohio furnished 936 Surgeons and Assistant Surgeons of regiments, that, therefore, more than 80 per cent of those examined having been rejected, more than 4,680 graduates of regular Medical Colleges must have been examined, and more than 3,744 must have been rejected, and

WHEREAS, Even the latter number is greater by hundreds than the number of the regular medical graduates within the limits of the State, and

WHEREAS, It is impossible that these statements be correct, and

WHEREAS, They are seriously disparaging and injurious to the Medical Profession of the State of Ohio, therefore,

Resolved, That this Society, as the organized embodiment of the Medical Profession of the State, hereby enter its solemn protest against each and all of the above statements, as incorrect, and seriously disparaging and injurious.

Resolved, That the Report of the Surgeon-General of the State of Ohio, for the year 1867, containing, as it does, such wrong and injurious statements and denunciation, is not fit to be put in circulation or filed with the archives of the State.

Resolved, That a committee of three be appointed to present this action of this Society to the attention of the Governor and Adjutant General.

Resolved, That this action of this Society be published in its proceedings; in the Medical Journals of the State, and also in such secular newspapers as may have copied the above injurious and unjust statements.

The President appointed Drs. J. B. Thompson, N. Gay and R. Denig, all of Columbus, as the committee of the third resolution.

On motion of Dr. W. C. Hall, the Committee on Obituaries was given time to complete their report, and send it to the Committee on Publication in time to be printed with the Transactions.

Dr. Landon moved, that when this Society adjourn it be to meet the first Tuesday of June, instead of the second Tuesday, as heretofore. Adopted.

Dr. Kincaid moved, that when this Society adjourn it be to meet at Yellow Springs, in June, 1868. Dr. Firestone moved an amendment, by substituting Columbus for Yellow Springs. Dr. Hyatt moved an amendment to the amendment, by inserting Delaware instead of Columbus.

As finally adopted, Delaware was the place selected for the meeting in 1868.

During the sessions of the Society the following additional gentlemen were recommended for membership, by the Committee on Admissions, and severally elected :

Drs. L. Woodruff, Alton; Adam Sellers, Lebanon; H. C. Pearce, Urbana; W. S. Anderson, Newtonsville; S. S. Gray, Piqua; H. Coleman, and F. B. McNeil, Troy.

The President announced the following committees, when the Society, on motion, adjourned to meet at Delaware, the first Tuesday in June, 1868 :

STANDING COMMITTEES.

Executive.—J. H. Rogers, J. G. Kyle, E. Thorn, J. B. Thompson, and T. B. Williams.

Finance.—W. D. Scarff, W. S. Anderson, S. S. Scoville, N. S. Hill and Adam Sellers.

Publication.—W. C. Hall, J. N. Weaver, J. B. Thompson, E. B. Stevens, and W. W. Dawson.

Ethics.—C. P. Landon, W. H. Mussey, H. K. Steele, and M. H. Keever.

Medical Societies.—C. McDermont, G. S. Gourtright, J. C. McNeeley, W. P. Kincaid, and R. L. Sweeney.

SPECIAL COMMITTEES.

Puerperal Convulsions.—Thad. A. Reamy.

Aural Surgery.—A. Metz.

Surgery.—W. H. Mussey.

Amputations.—R. L. Sweeney.

Ovariectomy.—A. Dunlap.

Practice of Medicine.—W. J. Scott.

Obituaries.—B. B. Leonard.

Orthopaedic Surgery.—F. B. McNeil.

Diseases of the Eye.—J. W. Hamilton.

Incurably Insane.—Drs. Brown, Pierce and Hamilton.

Medical Observations in New Mexico.—G. S. Courtright.

The Microscope.—W. C. Hall.

Hypodermic Medication.—J. N. Weaver.

Amputations—Primary and Secondary.—J. G. Kyle.

Military Surgery.—N. Gay.

Cerebro Spinal Meningitis.—Isaac Kay.

Delegates to Indiana State Medical Society.—Drs. Jno. A. Murphy, and J. G. Kyle.

Delegates to Kentucky State Medical Society.—Drs. W. P. Kincaid and G. M. Boyd.

Delegates to the American Medical Association—J. W. Hamilton, Columbus; I. L. Drake, Lebanon; J. G. Kyle, Xenia; E. B. Stevens, Cincinnati; W. C. Hall, Fayetteville; J. Davis, Cincinnati; G. M. Boyd, Xenia; C. P. Landon, Westerville; J. H. Rogers, Springfield; M. B. Wright, Cincinnati; J. L. Firestone, Wooster; M. Thompson, Mt. Vernon; W. D. Scarff, Bellefontaine; B. B. Leonard, West Liberty; J. S. Hazard, Springfield; J. B. Thompson, Columbus; G. S. Courtright, Cincinnati; J. J. Quinn, Cincinnati; C. McDermont, Dayton; M. H. Keever, Ridgeville; H. K. Steele, Dayton; R. Woody, Eaton; I. A. Coons, Middletown; J. C. McNeeley, Hamilton; R. C. S. Reed, Glendale; W. M. Chesney, Kenton; J. C. Brown, Urbana; W. J. Scott, Cleveland; H. S. Conklin, Sidney; W. Griswold, Circleville; A. J. Beach, Belleville; J. N. Weaver, Wooster; A. Robb, Blanchester; J. G. Rogers, New Richmond; W. H. Matchett, Greenville; H. J. Herrick, Cleveland.

At the banquet in the evening, a meeting of the Society was called, and the place of meeting was reconsidered, by general consent, and Yellow Springs adopted as the place of next meeting.

Ajourned to meet at Yellow Springs, first Tuesday in June, 1868.

EDWARD B. STEVENS, *President*

W. C. HALL, }
J. N. WEAVER, } *Secretaries.*

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Extraction of Cataract without opening the Capsule.

GREAT advances have been made in the last few years in the operative treatment of cataract. But two methods are now practiced by men of experience and skill—*discision* and *extraction*. The former is confined almost entirely to the soft cataracts of infants and children; while extraction, in some form, is universally adopted as the safest and surest means of removing hard or semi-hard lenses. The great question is, and has been, what is the form of extraction which involves the least risk to the eye? The great sources of danger in the extraction of cataract, are from the cornea and the iris, the two organs most immediately implicated. In the cornea primary suppuration is the most frequent and fatal accident. Hence, to diminish that risk as much as possible has been the object so eagerly sought after by operators.

To reduce the chances of corneal suppuration, different and opposite modifications of the incision have been proposed and practiced. On the one hand, it was sought to reduce the *extent* of the incisions as far as practicable, and hence, the different forms of *linear extraction*. The smaller the wound the greater the obstacles to the exit of the lens, and, consequently, iridectomy and instruments to assist the escape of the cataract became necessary. For this purpose the various spoons, scoops and hooks were invented by Schuft, Bowman, Critchett, Graefe and others. The results, however, achieved by the linear method were not so gratifying as was anticipated, and Dr. Graefe finally conceived the happy idea of making the incision with a narrow knife, and in such a way as to facilitate the easy passage of the lens, and the ready and complete coaptation of the edges of the wound. This was his *modified linear extraction* which I have fully described in past numbers.

The other modification for the safety of the cornea was to make the *largest possible incision* and combine it with iridectomy, so as to allow the lens to escape entirely, and with the least possible contusion, without the introduction of any instrument to help it

out. In order to get a large opening the puncture, counter-puncture, and flap were made in the anterior margin of the sclerotic, embracing about half the circumference of the cornea. This was the operation of Jacobson, and he performed it always under the influence of deep narcotism from chloroform. Undoubtedly, the change in the seat of the incision from the cornea to the sclerotic, greatly increased the chances of prompt union by first intention, in both these operations, particularly in old persons, where the healing power is much reduced.

Of these operations the *modified linear* of Graefe is generally much preferred as involving fewer risks both during and after the extraction.

But the very means of reducing the risk to the cornea increase the danger to the iris, resulting from the detention of cortical masses and the retracting capsule. True iridectomy diminishes the chances of contusion of the iris, and irritation from lens remains, but does not render them harmless by any means. Some lens substance and a capsule lined with cells, liable to swell and multiply, always remain, and are likely to excite iritis, with adhesions and secondary cataract, or even much worse troubles. When adhesions take place the retracting capsule drags on the iris and is liable to excite serious accidents. In my own experience with Graefe's operation, favorable as it has been, some adhesions from iritis of different grades, have been observed in most of the cases, making secondary operations sometimes necessary, and diminishing the acuteness of vision. Even in cases where not the slightest pain or any unusual redness supervenes, still a careful inspection of the pupil by the aid of *oblique illumination*, will reveal some discoloration of the iris, and more or less extensive adhesions, with the remains of the retracting capsule. The same observation has been made by Pagenstecher, Wecher and others; so that it is still a desideratum to secure the iris against this source of irritation and inflammation, and thus obtain the greatest percentage of good, and the highest perfection of vision. This end can only be achieved by *extracting the capsule with the lens*. Some manoeuvre, by which that can be effected without decidedly increasing the risk of escape of vitreous, is to be the next step in advance. The removal of the lens, in its unopened capsule, was first practiced by Richter in 1773, but his success is not known, and it is likely that he only resorted to it in exceptional cases. In 1799, Beer published a pamphlet in which he advocated the extraction

of cataract in the capsule, because he believed that the remaining portions of lens and capsule were prejudicial to the healing process. His method, however, was so imperfect, that the practice did not become general, and finally fell into disuse. In 1845, Christian revived the idea; and in 1847, Moyné and Sperino likewise practiced and advocated the same treatment. Still more recently Pagenstecher, of Wiesbaden, and Wecker, of Paris, have both operated in a large number of instances without opening the capsule, and their published successes are highly encouraging. The former, in his "Clinical Observations," gives a tabular statement of sixty-three cases thus treated, and the degree of success, with the complications in each one; he claiming that the complete removal of the lens and capsule together, does away with the risk of iritis and its consequences—such as secondary cataract, and often complete loss of the eye. In not a single one of his patients has he observed any inflammation of the iris, and no operation for secondary opacities has been necessary.

He obtains a perfectly clear pupil from the start, and a larger proportion of his patients are enabled to read No. 1½ of Guellen's test types, than of those operated on in the usual way where the capsule and some lens substance are necessarily left behind. Indeed, in some cases, the patients regain perfectly normal vision (V———1) a result which has never before been obtained. I can not now take time to describe the various steps of his operation, and the modifications to meet the exigencies that may arise. I will simply say that he operates always while the patient is thoroughly under the influence of chloroform. A scleratic flap (similar to that of Jacobson's method, and involving nearly half the circumference of the cornea,) is made downwards, followed by a free iridectomy. Then, with simple and careful pressure with the fingers, he manages to luxate the lens and bring it out enclosed in the capsule. Wecker's method is very similar, but he prefers ether to chloroform as his anæsthetic. His flap embraces the lower half of the cornea, and after the iridectomy, he uses pressure with the fingers very much as it is applied in ordinary flap extraction to induce the escape of the lens. Wecker and Pagenstecher both admit that loss of vitreous is more frequent in this operation than when the capsule is opened, but it can be easily controlled under the narcotism of chloroform, and some loss of this fluid is not much to be deprecated, when no lens or capsule remains are left in the eye.

In the *Ophthalmic Review* for April, 1867, Thomas Windsor describes a new and different operation for the removal of the lens in the unopened capsule, substituting the linear incision for the flap. I give his description in his own words:

"What are the dangers of extraction and what the means by which they may be avoided? Even during the operation itself we are exposed to risk from unsteadiness of the patient, from violent contractions of the ocular muscles, and from an inaccurate manual performance on the part of the surgeon or his assistant. All these, so far as they are due to the behavior of the patient, can be overcome by fixing the eye with forceps, and by the administration of chloroform. Immediately following the operation we have primary suppurative destruction (necrosis) of the cornea and primary iritis; the former is essentially due to the corneal incision, and the frequency of its occurrence rapidly increases as the latter includes a greater extent of the corneal circumference, though no doubt a diminished power of restoration has a considerable share in its production in the extremely old and in marastic patients. The latter (iritis) is caused by contusion of the iris, by the irritation of cortical remnants or of the retracting capsule. At a later period come secondary suppuration in the cornea and secondary iritis or irido-choroiditis. Secondary corneal suppuration is generally a consequence of a low form of iritis. Secondary iritis is caused by the extension of inflammation from the cornea or from the capsular epithelium. We may infer, if these views are correct, that to prevent primary suppuration we should make the wound as small as is compatible with the passage of the lens, and of a form that will interfere as little as possible with the nutrition of the cornea, and that will keep the lips of the wound in apposition. To prevent primary iritis we should remove both the lens and the unopened capsule.

"I have endeavored to fulfil these indications in the following manner:—The patient is kept throughout the operation fully under the influence of chloroform, so fully indeed that he shows no sign of reaction when the conjunctiva of the eye which is not to be operated on is seized with forceps. A small* incision is

*I am inclined to think that it matters little whether the wound is straight, as in von Graefe's modified linear extraction, or forms a small flap, i. e., a flap of sufficient length but little height. The wound must, however, be always of sufficient length, for example, always longer than Schuett's incision.

then made at the corneo sclerotic junction, the adjacent portion of iris is excised, the zonula is opened with a small hook close to the wound, the scoop is gently passed into the vitreous cavity just behind the lens, and the latter is slowly removed. The after treatment may be much as after extractions; the eye, may, however, be safely examined at a much earlier period, say 24 to 36 hours after the operation.

"The scoop that I have used, and that seems to answer its purpose well, was made for me by Mr. Wood, instrument maker, Manchester. It is broad but shallow, and curves upwards at the further end.

"My cases are yet too few, and most of them have been performed too recently, to allow me to attempt any complete account of the results; I can only say that I have been pleased and surprised with the rapidity of healing and the absence of any threatening symptoms.

"A comparison of this operation with the others, to which I have already referred, will show that it promises all the advantages claimed for them, without their disadvantages; the only objections that can be raised are in respect to opening the hyaloid membrane and a possible loss of vitreous. As to the former, I believe the risk is extremely trifling; as to the latter, that no loss of any moment can occur, provided the patient is fully under the influence of chloroform. Its advantages appear to be, that the risk of the operation is very much lessened; that the cataract is completely removed by a single operation and no secondary operation is required; that the eye can be opened at an early period and be carefully examined without danger; that the convalescence is more rapid; that the patient may be sooner discharged with safety, and that the average vision is (probably) superior to that afforded by other methods.

"It scarcely requires mention that the operator must expect some failures, especially in his earlier cases; the capsule is sometimes extremely delicate and will give way, but such accidents are likely to become less frequent as familiarity is gained with the method; on the other hand I see no reason why such an operation should not be employed in some cases, at least, in soft cataract.

"I have purposely omitted intra-ocular hemorrhage from my list of mishaps, because of its very rare occurrence; it would probably be still more uncommon after the proposed method than after flap-extraction, for the great and sudden relaxation of ten-

sion from loss of vitreous during the operation, and iridochoroidal congestion at a later period, which must so much promote it, would scarcely ever happen.

In conclusion, I may again repeat that the object of this operation is to prevent primary corneal suppuration and iritis by the form of the wound and the removal of the lens in its unopened capsule."

The brevity of the author's description of his operation, is, I think, calculated to mislead the inexperienced, in regard to the facility of thus bringing away the lens in the unopened capsule. It seems to me that the delicate capsule must frequently rupture as the lens is forced through so small an incision with the scoop. I doubt not, however, that he has done it, and that others may acquire the same dexterity.

Having recently practiced Graefe's modified linear extraction almost exclusively, I can not speak from experience of any of these procedures for the removal of lens and capsule entire, but I am satisfied that the object aimed at is a very desirable one. How it can be accomplished with the least risk to the eye from escape of vitreous humor, and other accidents, remains yet to be determined.

Correspondence.

TRUTHMOUNT, June, 1857.

MESSRS. EDITORS: I am still here; I expect to remain here as long as I can, but I cannot promise to be still. I am still an observer, and not feeling like keeping still, I send you for publication, if you please, a thought or two.

My opinion of you is such that I believe a word or two from *an elevated position* will not prove unacceptable. I wish to unburden my mind to you. I love my profession; I love every member of the "Profession of medicine" who shows by his *acts* and words that he is governed by noble influences; despising the ignobleness of the charlatan, pitying the credulity of the "people," and striving to be a *benefactor* to the race. Of professional matters, of course, I wish more particularly to write. Are we,

as a class, maintaining the dignity of the profession? Do we see eye to eye, or is self interest the growing motive of our lives? Are we laboring for ourselves *individually*, or for the *multitude*? In other words, is gold, or the welfare of mankind our aim?

I do not mean to attempt an answer, but hope *every doctor* who reads this letter will answer to himself.

No one can deny that we have noble men in our profession. They are the salt of it; otherwise the corruption of the *body medical* would be so potent as to become a stench in the nostrils of the wise and good. These noble men, I am happy to descry, are in motion. Their influence is felt. The prospect is brightening. Where, comparatively a short time ago, a "solitary traveler" could be seen wending his way to the mountain-top of truth, now three, four, or more in company, may be seen cheering one another, and slowly but surely toiling to rise about the clouds of selfishness and ignorance, to attain the summit from whence they may diffuse *true* knowledge and happiness.

With every well wisher of the human family I hail with delight the recent renewed efforts to elevate the standard of medical education, and benefit suffering humanity. *Cheap schools* we abominate. Low fees, intended to operate upon the physical nature of medical students, to induce men to leave the plow, the cobbler's bench, the tow-path, the goose, &c.; to invite them to forsake the paths of industry and mechanical employment, to which, by nature and education, they are adapted, to sit listlessly upon the benches of a medical lecture-room six or eight months, and then to be welcomed, in due form, into the portals of a noble profession, with a certificate—*diploma*—stating that A. B. C., &c., are fully competent to advise, to operate, to auscultate, to percuss, in a word, are *Physicians*, we regard as a *swindle* upon the community, as opening wide the door to charlatanage.

The cry of true reform has been lifted up, and we sincerely hope every well-wisher of the good of humanity will "cry aloud and spare not," until it *shall be consummated*. VERITAS.

BOSTON, MASS., June 8, 1867.

MESSRS. EDITORS: The Massachusetts Medical Society held its annual meeting in this city on Tuesday and Wednesday of this week. The first day was occupied in witnessing surgical operations, and the exhibition of patients at the hospitals during the morning hours.

At 12 o'clock the Society assembled in the hall of the Mechanics' Charitable Association, and listened to the reading of papers on the following subjects :

1. The Lessons of the War to the Medical Profession, by Dr. George Derby, late Surgeon in the army.

2. The Contagiousness of Cholera; by Dr. Henry G. Clark.

It was the intention of Dr. Clark to present a paper on the Treatment of Fractures of the Femur; but his paper was not fully prepared. Dr. Clark is a thorough non-contagionist, and he contended that not a *single case*, well attested, had been cited where cholera had been transmitted by contact alone with the person, clothing, excretions or effluvia of another case—a strong assertion, amid the array of facts tending to the opposite belief.

3. A Review of the most recent cases of Syphilis, by Dr. J. O. White.

4. On the Anatomy and Physiology of the Ciliary Muscles in Man; by Dr. B. Jay Jeffries, illustrated by diagrams.

5. The Pathology and Treatment of Vaginal Cystocele; by Dr. John Homans, Jr.

6. Effect of Condensation of Population on Life. This paper was by Dr. Edward Jarvis, and was an able production in a sanitary point of view.

A paper was expected on The Use of Bromide of Potash in Typhoid Fever, but the author was unable to appear.

These papers did not call out much discussion, owing, in part, to want of time, and to the many attractions about town, Boston serving as a sort of Mecca for the medical practitioner, who comes here once a year to meet his brethren, and give in his devotions to the cause he has so warmly espoused.

At the annual meeting of the Councillors on Tuesday evening, a spirited discussion took place on the propriety of admitting female students to the Medical College, and to the hospitals. This has been agitated for some time by the professors of the Harvard Medical School, on account of several applications from females to become members of the School. It has been asserted that one or two of the teachers were willing to admit them, on an equality with the regular students. Some time since, this question was referred to the President of Harvard College, and he said there was no provision for the education of females in that institution. This silenced the batteries of the applicants for a while, but the continued pressure for admittance to the hospitals caused

the Trustees to send a communication to the Councillors of our Medical Society, to learn the sentiment of the profession throughout the State. After a pretty general interchange of expression on this subject, the following resolution was passed by a vote of 49 to 7:

Resolved, That in the opinion of the Massachusetts Medical Society, it is inexpedient to admit females, as students, to our State Medical Schools and hospitals.

This resolution was received by the Society, on Wednesday, with much satisfaction.

Eighty-four members have joined the Society during the year, and twenty deceased.

The report of the Treasurer was quite satisfactory, showing a balance on hand of \$1,740 19, and funds invested to the amount of \$30,420 17.

After the usual preliminary business of the morning hours of the second day, the reception of delegates from other State Societies, the reading of a paper on Paralysis of the Glottic Muscles, by Dr. Oliver, of Boston; the exhibition of a surgical bed and splints, and the reports of delegates to other societies, the Convention listened to the annual discourse of Dr. H. B. Wakefield, of Reading.

At 2:30 P. M., the Fellows sat down to their usual dinner, at Music Hall, to the number of about six hundred, amid the soul-stirring strains of Boston's idol, the great Organ.

The Anniversary Chairman, Dr. H. W. Williams, in his address of welcome, alluded to the deaths of Drs. Gould and Townsend, both of whom died of cholera last season. It is a little singular that the former was the President at the last annual meeting of the Society, and the latter was the Anniversary Chairman.

Of the many pleasing sentiments offered, and the responses given, I have not space to chronicle; but I will give you the speech of Dr. O. W. Holmes:

"MR. PRESIDENT AND GENTLEMEN—It is most pleasant to meet in this noble hall, the very air of which is so attuned to harmony that we can hardly breathe it for an hour without becoming more truly than ever a band of brothers. We have always claimed a somewhat remarkable exemption from professional discords, and this mighty organ—let me rather say this vast organism—which has been sweetly singing and peacefully thundering to us, is but an emblem of what our Society has been, a cluster of many living

columns, each with its own note, all animated by the same breath. I cannot forget that it is to one of our own brethren we are chiefly indebted for this musical symbol of our Association. You have been pleased, Mr. President, to allude to my labors as a teacher. If we may count three years as a medical generation, I have seen a good many generations of medical students come into being as such, and pass into that better world of practice where the lecturer ceases from troubling, and the weary listener is at rest. It is no small proportion of the gentlemen here present who have had a chance of knowing all my shortcomings. I take the opportunity to ask of them an amnesty for all the wrongs they may have suffered at my hands—for teaching them what they have had to unlearn, and for leaving out the knowledge they have had to make up. You have also alluded, Mr. President, to some other modes in which I have addressed a public somewhat wider than our own profession. I am glad to have the apology for saying a few words as to the relation existing between medical studies and literary pursuits. There is no doubt that a medical training confers certain advantages, and there is a belief that it carries with it certain limiting and narrowing influences into the field of literary culture. The most frequent reproach is that the physician transfers the laws of the body into a sphere which is beyond and above them. His tendency is thought to be toward materialism and fatalism, and this belief is embodied in that old saying about physicians, which I need not repeat, as I do not wish to affront two-thirds of my audience with a rude untruth covered up in Latin, which before this learned body would be no concealment. Now I think we are all agreed about one thing—that whoever, by any physiological or psychological juggling, turns man into a machine, reduces the moral world to a chaos. To show that there is no self-determining power is to abrogate not only religion, but all that makes us respect ourselves or others. But it is a very different matter to attempt to show the *limitations* of the self-determining power forced upon our observation as students of nature. That the purest and noblest will may find itself overtaken by outward conditions, and yield to them, is implied in that petition which none is too good or too strong to utter—‘Lead us not into temptation.’

“The whole movement of science is in the direction of adding to the domain of *reflex actions*, which is perceived to include wide tracts of the intellectual, and of what has been considered the

moral realm. Race is more and more recognized as having a fixed relation to character. Every generation accepts more readily than the preceding the plea of mental unsoundness as a palliative or excuse for crime. Everybody knows that there are families where the children are born straight grained, and families where they are born cross grained. Everybody knows that a child without some culture will no more come to a good head than a cabbage under the same neglect. Everybody knows that a bad germ in a bad soil will be liable to yield a product rotten at heart, whether it be a potato or a human being. This is the class of facts to which the attention of the student of medical science is most naturally drawn. Like all specialists he is liable to overrate their importance—the Idols of the Den find their way into his temple—but he has one great safeguard—he studies from nature and he judges from long series of facts. We may balance his errors against those who study mainly from themselves and from books. These persons often wonder at the lenient judgments physicians pass upon their poor fellow-creatures, and sometimes abuse them for it. Still, the world is wiser for their evidence. I am told that I myself have been sometimes sharply attacked for writing from a too physiological point of view on matters which it is claimed belong exclusively to theologians. I do not complain of this when it is done decently and in order. But one thing I insist upon—that if I draw a bad clergyman, or knavish lawyer—it shall never be misconstrued into an act of disrespect to two noble professions, with the honored members of which I have always held the most intimate relations. I am afraid I shall have to square accounts by writing one more story, with a wicked physician figuring in it. I have long been looking for such a one in vain to serve as a model. I thought I had found a very excellent villain at one time, but it turned out that he was no physician at all, only a———I mean not what we consider a practitioner of medicine. I will venture to propose a sentiment which, as I am not a working physician, need not include the proposer in its eulogy:—

“The Medical Profession—so full of good people that its own story-tellers have to go outside of it to find their villains.”

The delegates from this State to the American Medical Association, speak in warm terms of their reception by the Profession of your city. The health of this city is remarkably good at the present time.

B.

Editor's Table.

The American Medical Association.

The report of the proceedings which appeared in this Journal in our last month's issue was copied, almost verbatim, from the *Daily Gazette* of this city. Our own engagements were such as to forbid any attempt at a report, and indeed we scarcely had the privilege of hearing any of the discussions. We still think the proceedings were accurately reported, but the reporter gave to the debates a certain degree of coloring and prominence in particular directions that indicates, to some extent, the prejudices of the writer. For instance, we should hardly have represented the debate on Female Physicians in the light as it appears reported; so, too, of some other features. Our readers will please make allowance therefore, and accept this explanation.

Ohio State Medical Society.

The annual meeting of our State Society took place at Yellow Springs Tuesday, June 11th, and the proceedings will be found in full elsewhere in this number of the *Lancet and Observer*. The meeting, in most respects, was a good one; the attendance was not so large as last year, and some of the members who reached the meeting were vexatiously delayed, from a bad arrangement of railroad connections. Several valuable papers were read, and will appear in the published volume of Transactions. The Butler County Society forwarded several papers which had been originally prepared for that Society, for the consideration of the State Society. After the reading of one of these papers, an excellent essay on The Physical Education of Children, by Dr. Coons, the State Society declined to print it in the forthcoming volume of Transactions not on account of its being unworthy, but because the Society thought it impolitic to accept contributions not prepared especially and originally for it.

The Society adjourned to meet at Delaware on the first Tuesday of June next year; but at the invitation of the ladies of the First Presbyterian Church, associated with the entire village

apparently—the Society enjoyed a delightful social reunion at the Yellow Springs House on Wednesday evening, which so charmed the members that by general consent an informal meeting of the Society was convened in the parlor, and the place of meeting was unanimously reconsidered, and *Yellow Springs* agreed upon as the place of meeting for next year, and the first Tuesday of June was adopted as the time, instead of the second, on account of other meetings about the same date.

Dr. E. B. Stevens, of Cincinnati, was elected President for the next year, and Drs. Hall and Weaver Secretaries.

The Convention of Medical Teachers.

We think the action of no Medical Convention has given such universal satisfaction as the programme laid out by the Teachers' Convention in this city, last May. It indicates steps in the right direction—indicates that there is a settled policy for progress in medical teaching; and what is best of all, the profession everywhere hail the action with hearty approval. There is, however, as yet, no final accord as to when this new order of things is to commence, and we have received many letters of inquiry from students and others upon this point. We understand the matter to be exactly thus: The Convention agreed upon various steps of necessary reform with a remarkable degree of unanimity; but as very many of the colleges were not represented, and as others had already made their announcement for the approaching session, it was decided to place the completion of the matter in the hands of a committee, who should secure the consent of all the colleges, or the controlling majority, as rapidly as possible. This may be completed in time for the announcements of 1868—we hope so; but a great deal of correspondence and interchange of views will be necessary before the whole plan can go into operation.

The unanimity, however, of that Convention determines the following points in medical education, which must speedily take effect: First, systematic preliminary education; second, four years' course of pupilage; third, three courses of lectures, included in the four years; fourth, Lecture terms to be six months, and imply graded Examinations; and fifth, an advance to an increased and uniform rate of lecture fees, not less than \$105. Doubtless these stringent exactions will press hard upon some, but eventually they will prove to the advantage to all parties, the student, the

teacher, and the profession at large. Most certainly the path to the doctorate has been too easy, and the elevation of our profession to a higher standard of excellence, usefulness and influence requires that it be made more difficult to enter the precincts.

Cincinnati Academy of Medicine.

We have neglected to announce the result of the election of officers at the annual meeting in March. It was as follows:

For President, J. L. Vattier; Vice-Presidents, Jno. Davis and W. H. McReynolds; Recording Secretary, Geo. S. Courtright; Corresponding Secretary, W. T. Brown; Treasurer, J. S. Unzicker; Librarian, W. B. Davis.

At several successive meetings of the Academy the President has announced the following committees. They are all grouped together for convenience of reference:

STANDING COMMITTEES.

ON ADMISSIONS—Drs. J. P. Walker, H. Smith and A. Hoeltge.

ON ETHICS—Drs. Wm. Carson, W. P. Thornton and J. H. Buckner.

ON FINANCE—Drs. E. H. Johnson, M. Cassatt and D. D. Bramble.

ON PUBLICATIONS—Drs. E. B. Stevens, R. Bartholow and B. P. Goode.

EXECUTIVE—Drs. C. S. Muscroft, J. J. Quinn and P. T. Gillane.

SPECIAL COMMITTEES.

ON EPIDEMICS—Drs. Thos. Carroll, F. Roelker and W. H. Mussey.

ON HYGIENE—Drs. H. E. Foote, R. R. McIlvaine and C. P. Wilson.

ON VACCINE VIRUS—Drs. J. P. Walker, F. A. J. Gerwe and D. D. Bramble.

Married.

On Tuesday, May 14, at Franklin, O., by Rev. F. Howard, M. D., of Washington, D. C., Dr. W. F. Tibbals, of Cincinnati, and Miss Fannie L. Selden, of Franklin.

At St. Xavier's Church, Cincinnati, on Monday morning, June 11, by the Rev. Father Driscoll, Dr. S. P. Bonner and Miss Anna M. Lavery, all of this city.

Theses.

In our report of the proceedings of the Convention, an awkward omission occurs at the very close of the report. A motion was made, as stated by Prof. Stevens, requiring a written thesis from graduates. No disposition of this motion is recorded. At the request of Prof. Davis and others it was withdrawn, under the fear that too much legislation would cripple and complicate our efforts, but not until there was a very general expression of sentiment that this time-honored requirement should be retained as one of the important requirements of the doctorate.

The Iowa State Medical Society.

We are indebted to Dr. A. G. Field, of Des Moines, for files of the *State Register* giving the proceedings of the meeting of the State Society at Davenport, in May. The meeting was well attended. Dr. J. W. H. Baker, of Davenport, presided, and delivered the annual address, his topic being "The Science of Medicine not an Exact Science." Papers were also read—on Meteorology and Medical Topography, by Dr. Richardson, on Cholera, by Dr. Iles; another on the same subject, by Dr. Harvey; on Hypodermic Injections, by Dr. Maxwell; a report on four cases of Cancrum Oris, by Dr. Cochran; on Vaccination, by Dr. Whinnery; on Anæsthetics, by Dr. Hudson. Many of these reports called forth extended discussion.

The officers elect are: President, Dr. Wm. Watson, of Dubuque; Vice-President, Dr. Edward Whinnery, of Fort Madison; Secretary, Dr. A. G. Field, of Des Moines; Treasurer, Dr. M. B. Cochran, of Davenport.

After what seems to have been alike a pleasant and profitable session of two days, the Society adjourned to meet in Des Moines on the first Wednesday in February, 1868.

The Indiana State Medical Society

Met at Indianapolis on the 21st of May, ult., Dr. V. Kersey, of Richmond, presiding. Among the papers presented we see the friendly discussion between Drs. Kersey and Hibberd, is continued by the latter gentleman. The annual address of Dr. Kersey was upon "Physic and Physicians." Dr. Weist read a careful paper on Foreign bodies in the Air Passages. Dr. Haughton read another paper on Laryngotomy in Medical Cases. Dr.

Sutton and Dr. Haymond each presented papers on Cholera, and Dr. Moffat one on Cerebro Spinal Meningitis. Dr. D. Clark read a paper on Female Doctors, taking the ground that females should be admitted to the profession on precisely the same footing as males. The Indiana State Medical Society is one of the most energetic in the Western States, and by its industry and perseverance is doing a vast deal of good in that State. Dr. Bobbs, of Indianapolis, was elected President, and Dr. Waterman Secretary.

Allen County, Ind., Medical Society.

A recent number of the Fort Wayne Daily Gazette gives a full report of a meeting of the above named Association, in Fort Wayne, on the 7th ult. Dr. Eakin presided, and some invited visitors from abroad were present and took part in the proceedings. The whole of the interesting proceedings closed with a supper and speeches at Hamilton's Hall. We are pleased to notice the transactions of such energetic local societies. The good they do is beyond estimate.

The Cincinnati Medical Journal—A Change.

We learn that our neighbor becomes henceforth the organ of the State of Indiana, and will be issued from Indianapolis, Prof. Theoph. Parvin assuming exclusive editorial management.

Death of Dr. M. Thompson, of Mount Vernon.

We experience very sad emotions as we record the death of Dr. Thompson, as given in the telegraphic dispatch to the press, which we print below. Dr. Thompson was a man of great worth, personally and professionally, and his loss from any community would be felt keenly:

FATAL ACCIDENT AT MOUNT VERNON.

MOUNT VERNON, O., June 19.

Doctor Matthew Thompson, of this city, while returning from the country, this afternoon, was thrown from his sulky and killed. One of the wheels of the sulky struck a stone, causing the sulky to make a sudden spring, throwing the Doctor forward on top of the horse, and then falling under the sulky, causing the horse to run away. In falling his feet became entangled in the springs,

and he was dragged about a quarter of a mile over a rough road, mangling his head and face in a most shocking manner.

Dr. Thompson was one of our most eminent physicians, and a man universally respected for his sterling worth. He leaves a wife and two little daughters to mourn his sudden death.

Dr. McDermont and Prof. Hamilton.

We copied at length from the *Cincinnati Journal* the reply of Dr. Hamilton to the report of Dr. McDermont and Dr. Reeve's remarks. Last month we gave Dr. Reeves' rejoinder. Since then Dr. McDermont has responded in the *Journal* at considerable length—too much so for reprinting—and no abstract or garbling would do the Doctor justice. This we regret, particularly as we have given any of the controversy. We may say, however, that Dr. McDermont discusses the question rather on general principles, looking to the general, rather than the particular, educational points at issue; and in regard to the question of *figures*, Dr. McDermont contents himself with the belief that Dr. Hamilton does not and did not enjoy facilities for information that makes his opinions or statements reliable. We fear the dispute is becoming personal, and suggest that it is not profitable to be continued.

Committee on Medical Literature.

Below we give the Circular of the Committee recently appointed by the American Medical Association, on Medical Literature. The Chairman, Dr. Mendenhall, of this city, desires that Medical Journals do him the favor to copy:

CIRCULAR.

CINCINNATI, June 5, 1867.

The undersigned were appointed at the last annual meeting of the American Medical Association, held in Cincinnati, a Committee on *Medical Literature* for the current year. The duties of this Committee are defined in the following regulations of the Association:

"The Committee on Medical Literature shall prepare an Annual Report on the general character of the periodical Medical Publications of the United States in reference to the more important articles therein presented to the profession, on Original Medical Publications, on Medical Compilations and Compendes by American writers, on Medical Reprints of Foreign Medical Works; and

on all such measures as may be deemed advisable for encouraging a national literature of our own."

Being desirous of making as full a report as possible, the Committee desire that you shall forward to the chairman a copy of all Medical Books, Pamphlets, Essays, Monographs, Periodicals, Reports, Lectures, Proceedings of Societies, &c., that may be issued by you as early as convenient after publication, that they may be brought to the notice of the profession.

These favors will be advantageous to publishers, and will facilitate the objects had in view by the appointment of the Committee, and greatly oblige,

Yours, Respectfully,

GEO. MENDENHALL, *Chairman,*

R. R. McILVAINE,

GEO. C. BLACKMAN,

E. WILLIAMS,

P. S. CONNOR.

Special Selection.

Physiological and Therapeutical Action of Cod Liver Oil.

"The minute division of the iodine in Cod Liver Oil, the particular state in which it exists, must singularly facilitate its absorption by the tissues, and can in this way contribute more than the absolute proportion of this substance to the marked effects which this oil exerts on the animal economy.

"Also, iodine in the oil is not eliminated from the system, as the other soluble preparations of iodine; in this elementary combination its action is slower, more regular, and more persistent, as it is successively set at liberty in the economy, in proportion as cod liver oil is gradually decomposed in the blood."

"BOUCHARDT, *Professor of Hygiene, at the Academy of Medicine, Paris.*

[*Manuel de Matière Médicale*, pag. 749—1856]

The action of cod liver oil on the system is a double one; it is nourishing by its fatty elements, and curative by its medicinal bodies—iodine, bromine, and phosphorus, which it naturally contains; and to these three substances must be attributed its superiority over other fats or oils, either animal or vegetable, in the cure of diseases. These facts, discovered and proven by physiologists in their experiments on animals, and confirmed by the expe-

rience of physicians in their daily practice, have been corroborated during the last eight years, in a most illustrative manner, by the administration, to a large number of patients, of a cod liver oil five times richer in iodine, bromine and phosphorus, than any of the cod liver oils known before.

Cod liver oil, as well as other fatty substances, when taken in too large quantities, is apt to disturb the stomach and derange the functions of the intestinal canal. Only a small quantity can be digested and assimilated, the rest passing off unchanged, producing more or less frequent and abundant alvine evacuations, in which are contained the superfluous oils or fats. Observations prove that the gastric juice has no action whatever on fats or oils, the pancreatic juice being the only body which, by its emulsive properties, causes the absorption of these substances into the economy; and, therefore, all the oil not emulsified by the pancreatic juice is evacuated by the intestines just as it was taken. The knowledge of this important fact is due to the recent observations of Claude Bernard, a well known authority in physiology. The oil, once emulsified by the action of the pancreatic juice, is brought into the general current of the circulation as follows: it is first taken up by the chyliferous vessels on the surface of the small intestines, and passing through the mesenteric glands and the thoracic duct, is discharged in the left subclavian vein, where it mingles with the venous blood returning to the right cavities of the heart. The blood and the fresh nutritious elements, furnished by the two subclavian veins, are passed into the lungs, to be there oxidized and altered; while passing through the pulmonary circulation, the oily molecules are modified, and almost all of them destroyed. The blood, then, ready anew for nutrition, passes in the left ventricle, to be thence distributed through the arterial system, carrying along with it some oily globules left undecomposed, during their speedy passage through the lungs, said oily globules being afterward successively altered in the circulating blood.

The medicinal oil, evidently brought undecomposed into the lungs, and partly in the general current of circulation, is there modified, losing not only its emulsive form, but also its oleagineous characteristics, so as to constitute a part of the arterial blood. Iodine, bromine and phosphorus are then set free, during the process of nutrition of the tissues, each part of our system appropriating to itself the substance it needs.

The tissues, in contact with the nutritious blood, having a tendency to appropriate to themselves the elements most proper to maintain their healthy condition, or to alter it when unhealthy, is it not judicious to conclude that the lungs first, and then the rest of the system, when affected with bronchitis, phthisis, scrofula, under any variety, or rickets, etc., etc., are highly benefited by the healing and restorative action of the oil and its medicinal constituents, minutely, naturally, and persistently brought in contact with the diseased parts?

That oils and fats are successively carried through the economy, and transformed, as above described, is amply demonstrated by the experiments of the most eminent modern physiologists, such as Claude Bernard, Tiedemann and Gmelin, Leuret and Lasaigne, Landras, Bouchardt, Blondlot, Delafond, Gruby, L. Corvisart, J. C. Dalton, A. Flint, Jr., P. Dunglison, etc.

We must not forget this important point, that oils or fats go into the blood undecomposed and unchanged, being merely infinitesimally divided by the pancreatic juice; but if an oil contains substances, in a close chemical combination, so that they cannot be easily separated, these substances will of course be carried into the blood with the oil itself. This is just the case with Fougere's Cod Liver Oil, which contains a large proportion of *iodine*, *bromine* and *phosphorus*. Iodine and bromine have so strong an affinity for oil that they cannot be separated from it by chemical reagents, not even by strong sulphuric acid. They must, therefore, be carried with the blood, and liberated when the oil is transformed, in the process of nutrition, into its elements, and becomes the chief agent by which the heat of the body is maintained. Knowing, that to the nutritive property of the oil is superadded the alterative, fluidifying and stimulating power of a comparatively large quantity of iodine, bromine and phosphorus, who can doubt the efficacy, as a medicine, of this new cod liver oil?

Phosphorus, a part of our brain and bones, is a powerful diffusible stimulant, exciting the nervous organs, heightening the muscular power and mental activity, and relieving the despondency of mind occasioned by so many serious diseases.

Iodine and bromine are superior to all alteratives for improving and purifying the depraved nature of the blood. They are the best remedies we possess for checking and controlling the swelling and induration of the glandular system, the ulcerative pro-

cess in scrofulous complaints, the diseases of the lungs, etc. Obviously the main point in such affections is to check and control at once the ulcerative process, and to do so it is of the greatest importance to use *prompt and active medication*.

Until of late, natural and pure cod liver oil has been the best remedy, and the one most generally used, with more or less success, in diseases of the lungs, when of a tuberculous character. The period of the malady, when the oil was first employed, and also the purity and strength of the remedy, accounting for the success or failure.

Pure cod liver oil is more likely to cure consumption, scrofula, rickets, swelling of the glands, etc., in the first stage of the disease; in the second and third stages it mitigates the severity of the symptoms and prolongs the life of the patient, but seldom saves it.

The reason for this difference of action is simply that the pure oil contains iodine, bromine and phosphorus only in minute quantities, which, although sufficient to cure a disease in the beginning, is not powerful enough when it assumes a graver type.

If we suppose for an instant the discovery of a new natural cod liver oil, containing more iodine, bromine and phosphorus than the oil in present use, there is not the least doubt but that every physician would prescribe it in preference, fully confident of its enhanced qualities. The natural consequences of this proposition explains satisfactorily why the medical profession should give, *and do rightly give*, the preference to Fougere's Compound Iodinated Cod Liver Oil, which contains a larger proportion of iodine, bromine and phosphorus than the oil in present use; these active elements, as before remarked, are in such peculiar combination that their action is slow, regular and persistent, being successively set at liberty in the economy, in proportion as the oil is decomposed in the process of animal life.

Some physicians are so well convinced that the curative properties of the oil reside in these three substances, that, to obtain a full effect, they prescribe very large doses of the oil, sometimes giving two, three and even four tablespoofuls, three or four times a day, the larger quantity amounting to no less than half a pint daily. That their object is not attained is fully proven by physiologists, who have demonstrated that only the quantity of oil emulsionised by the pancreatic juice is digested and carried into the blood, the rest being lost and passed off nearly as taken.

Being deeply impressed with the above physiological and chemical facts, Mr. E. Fougere instituted experiments, and after many trials, has succeeded (1858) in preparing a *compound iodinised cod liver oil*; which is simply the best Newfoundland cod liver oil, combined with four times as much of iodine, bromine and phosphorus as it naturally contains.

Pure cod liver oil varies considerably in composition, as may be seen by comparing the different analyses published in works of chemistry and materia medica. A quart contains one to four grains of iodine; one-eighth to three-fourths of a grain of bromine; one quarter to one-half of a grain of phosphorus. In 1860 Mr. Fougere published in the *Repertoire de Pharmacie*, edited by Professor Bouchardt, at Paris, the formula of his oil, which contains per quart, in addition to the above quantities: iodine, sixteen grains; bromine, two grains; phosphorus, two grains.

The combination is made so that the odor, taste and color of the natural oil is preserved.

Fougere's preparation being consequently five times more active than the richest commercial cod liver oil, will tend to restore health by its curative action thus enhanced, in a much shorter time than the simple kind, and attains the desired effect where the other will fail.

The dose of this oil is *only* a tablespoonful for adults, and a dessert or teaspoonful for children, according to age, three times daily; it may be administered at any hour, but it is preferable to select the hour of meals, since we know that the pancreatic secretion manifests itself only during the stomach digestion, to act immediately on the alimentary principles, as soon as they pass from the stomach into the intestine. Though the quantity of iodine is very small in each dose, it acts, nevertheless with a greater efficacy than a larger quantity of any of the iodides, for the reason stated by professor Bouchardt and others, that iodine in cod liver oil is not eliminated from the system as other soluble preparations of iodine, but is successively deposited in the economy as the oil is gradually decomposed in the blood.

When iron is required with the oil, Fougere's dragees or syrup of pyrophosphate of iron will be found the most agreeable and active adjuvant. It is best for children and delicate persons to take the syrup of iron immediately after the oil.—*E. Fougere's Circular, and Detroit Review of Medicine and Surgery.*

Reviews and Notices of Books,

AN INQUIRY INTO THE ORIGIN OF MODERN ANÆSTHESIA. By the HON. TRUMAN SMITH, M. C., 26th, 27th, 29th and 30th Congress, and U. S. Senator 31st, 32d and 33d Congress. Hartford: Brown & Gross, 1867. For sale by Robt. Clarke & Co.

A very handsome little volume has been placed on our table, some time since, with the above title. It is embellished with a well executed engraving of Dr. Horace Wells, whose claims to the paternity of etherization it is intended to establish.

It appears from Mr. Smith's explanation in the preface that the greater part of his book appeared from time to time in a series of articles published in the Philadelphia Reporter; these original articles appearing under the *non de plume* of "A Lover of Truth and Justice."

The general history of this subject is somewhat familiar to us, having watched the introduction of anæsthesia into professional use with a great deal of interest. The summary of facts, therefore, which our author has presented, are scarcely new to us, but they are well put, and, as we believe, entitled to credence. The facts established are about as follows: From 1844 to 1846, Wells, Jackson and Morton were engaged in observations and experiments looking to some agent which would prevent pain in surgical operations, especially dental surgery. In 1844 Wells noted the exemption from pain of those upon whom Colton was experimenting with laughing gas. Acting upon the hint he had a tooth extracted while under the influence of nitrous oxide, administered by Colton. Experiencing no pain, he at once instituted a series of experiments, in minor surgical operations, all affording satisfactory approach to success.

Subsequently, Morton attempted to repeat Wells' experiments, but at the suggestion of Jackson, he substituted ether as a matter of convenience, and from the assurance of Jackson that ether inhalation produced a similar character of insensibility with nitrous oxide. So that the *idea* of anæsthesia is, as we believe, clearly due to the genius of Wells. The use of the special agency of ether is divided, apparently, between Jackson and Morton.

But, we by no means, forget the indomitable perseverance with which Morton has urged the professional attention to ether, and for this we would by no means detract anything from his laurels.

PROCEEDINGS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, for the year 1866. The meeting of las year wast at Detroit, and we are indebted to the Secretary for the volume of Transactions, which, as usual, contains a large amount of practical matter—all, or largely, tending to develop the science of pharmacy.

This volume contains voluminous Reports of Committees on the progress of pharmacy; various important Essays and Reports, and a number of volunteer reports.

Mr. Fred'k Stearns, of Detroit, was elected President for the ensuing year, and Mr. John M. Maisch, of Philadelphia, Recording Secretary.

UNUNITED FRACTURE SUCCESSFULLY TREATED: With remarks on the Operation. By Henry J. Bigelow, M. D., Professor of Surgery in the Medical College of Harvard University.

This pamphlet gives the details of eleven cases of ununited fracture, successfully treated, with one exception, and that having a diseased bone complication. Dr. Bigelow's mode of operation is a modification of procecedure which has succeeded with other surgeons. He cuts down and dissects the fractured extremities, so fresh exposed ends of bone are brought in apposition by silver wire. Suitable splints are applied, and a drain provided for escape of pus. The clinical remarks of the author are given in the monograph, together with the reports of the clinical history of the several cases.

Surgeons will find this an interesting contribution to an important department of surgical pathology and practice.

INTRODUCTORY ADDRESS: On the Commencement of the Session of the Medical Department of the Willamette University, for the year 1867. By A. Sharpless, A. M., M. D., Professor of Anatomy.

This little address is neat and appropriate, but chiefly interesting as a product of a new medical college on the far-out Pacific coast, at Salem, Oregon.

Abstracts and Selections.

PRACTICAL MEDICINE.

Pathology and Treatment of Milk Sickness.

A few days since I met with the Atlanta Medical and Surgical Journal, in which I found an able article written by Dr. John M. Jonson, of that city, on the Pathology and Treatment of Milk-Sickness. I read the article with much pleasure, not only on account of the interesting matter it contained, but also, on account of its author, who is an old friend of mine, whom I first met in 1840. In that year I located near the town of Rumsey, on Green River, where he then resided, for the purpose of practicing my profession. I have continued to practice in this locality ever since, and, as it is near the center of the milk sick region, of which he speaks in his article, lying between Green River and Panther Creek, I have had an ample field in which to make observations, and flatter myself that I have learned some important facts in regard to the disease and its treatment. The result of my observations I present to the readers of the Atlanta Medical and Surgical Journal, not only for the benefit of my medical brethren whose experience has been confined to regions in which the disease never prevailed, but also for the purpose of confirming the correctness of the pathological views expressed by my friend Dr. J., who manifests on this, as on all subjects connected with the profession, a becoming zeal.

I do not propose to speak of the origin or cause of milk-sickness. Of this I know nothing more than was known twenty-five or thirty years ago, and consequently could not throw new light upon that subject. I am inclined to think, however, that it grows out of some cause peculiar to the native forest; as cattle that are confined in their grazing to clear and cultivated soil, are never known to have the *trembles*. The doctor's mushroom theory is embraced by many, and stands the test of criticism as well, if not better, than any of the various theories advocated by the physicians and people in this region of country.

It is evident that milk-sickness is produced by a non-volatile poison, which enters the system through the stomach, and from thence is conveyed to, and expends itself upon the nervous centres. Of the nature of this poison nothing is known except what has been learned from the symptoms of the disease which it produces.

The first and most prominent symptom manifesting the existence of the poison in the system, is extreme debility, amounting, in the muscular tissues, almost to paralysis. Hence it is, the muscular system of a person affected with the poison, becomes

fatigued and exhausted on the slightest exertion. A walk of fifty yards will so completely exhaust the sufferer that he will be compelled to sit, or lie down, to rest for a few moments, before he can proceed, feeling as well otherwise as usual. This condition of the system is denominated the *tires*, which may be considered the first stage of the disease. In some instances it lasts but a few hours, while in others it endures for eight or ten days, when it either passes off without any further evil consequences, or merges itself into a case of fully developed milk-sickness. The length of time this symptom may continue will depend upon the balance maintained between the accumulation of the poison and the tolerance of the system for it.

When accumulation exceeds the tolerance of the nervous system for the poison, the mutiny sets in, and the conflict begins. This brings on the second stage, every symptom of which indicates, beyond all question, a diminution of the vital forces far below the normal standard.

Nausea and vomiting are the first and most annoying symptoms of the second stage, which continues until the patient dies or the disease is broken up.

As Dr. J. informs us in his article, the vomiting is not the result of vascularity from phlegmasia of the sanguiferous system, but from a deranged condition of the nervous centers.

But whether the vomiting is the result of a paralyzed condition of the stomach, which only acts when it is full and can contain no more, as Dr. J. asserts, or whether the nerves of the stomach are rendered irritable from debility, resulting from the pernicious effects of the poison, is a question of but little importance, when considered with reference to the treatment, as the remedies that would relieve the one condition of the stomach, would remove the other. Certain it is, however, that the secretions of the stomach are very copious and irritating in this disease, either from increased or morbid action of the stomach, or for the reason that they are all retained, by not being permitted to pass into the intestines through the pyloric orifice of the stomach. Besides all the bile which may be secreted, instead of passing away through the bowels, is regurgitated into the stomach, and adds much to its irritating contents.

Obstinate constipation is another symptom of the second stage. It always occurs after the vomiting sets in, and never before. These two symptoms seem to synchronize.

The reasons for this are obvious. The vomiting prevents the gastric juice, the other contents of the stomach, and all the bile secreted, from passing into the alimentary canal, upon the stimulating effects of which the bowels depend for their healthy action.

Again, it is in the intestines that the poison of milk-sickness is separated from the organized matter through which it is introduced into the system, and it no doubt produces its poisonous and pernicious effects, to a greater or less extent, on the nervous

and muscular coats of the intestines, before it gets into the blood, and reaches the nervous centers, through which it acts on the system in general, and thus establishes a local, as well as a general effect on the bowels. It will also be remembered that in all diseases in which vomiting occurs as the result of disturbance upon the brain, that obstinate constipation always exists.

There are many other symptoms of the first and second stages, such as weariness and lassitude, fullness of head, thirst, pulse a little full, but not accelerated, diminished warmth of the body and extremities, unpleasant and peculiar odor of breath, a feeling of despair, dry skin, tongue coated with a dark slime, or unusually clean; the latter symptom denoting a stubborn case, as it is always accompanied with a quick pulse, violent vomiting, and throbbing of the aorta, which indicate more inflammation about the stomach, or duodenum, than is usual in the disease. But the vomiting and constipation are the symptoms to which we have to direct our remedies, and upon the relief of which the other symptoms all disappear, except in cases where fatal lesions have occurred.

I adopted, in 1849, the pathological views of this disease, so clearly expressed by Dr. Johnson, and which have been merely recapitulated by myself, and resolved to try a treatment predicated upon them.

It readily occurred to me that the first indication was to counteract the debilitating effects of the poison upon the nervous system; secondly, to remove the poison from the system, through the emunctories.

Sulphate of quinine was the remedy which I selected as most likely to fill my first indication, and it was not long before I had an opportunity to try its effects. I was called to see Mrs. Chapman, (wife of Jon Y.,) who lived in Daviess county, in consultation with Dr. De Moss. Upon my arrival, I learned that she had been laboring under the disease of milk-sickness for nine days, during which time the Doctor had been treating her case without affording the slightest relief. She had all the symptoms of the disease, unmittigated in their force. The vomiting was obstinate. Not the slightest peristaltic movement had taken place in the bowels. The pulse was weak and slow; body and extremities cool; and every symptom indicated increasing debility.

Without addressing the Doctor any reason for the proposition, I proposed to give sulphate of quinine, to which he readily consented, by saying that he would not oppose any remedy I might offer, as he had exhausted his skill, and sent for me because he felt unable to do anything more in the case, but asked me how I expected to get the stomach to retain the quinine long enough for it to have its specific effect on the system. I told him I thought we could suspend the vomiting for three or four hours by putting the third of a grain of morphine on the surface of a blister which he had drawn over the epigastrium, as it always had

that effect. The stomach soon became quiet, and we gave her three 10 grain doses of quinine, two hours apart. Her extremities and general surface became warm, and to my great joy she never vomited another time during her sickness.

We gave a purgative preparation, composed of spirits of turpentine, castor oil, and croton oil, which moved the bowels in the usual length of time for such a purgative. A repetition of a mild purgative from time to time, as circumstances seemed to demand, completed the cure. A sore mouth, produced by the mercury which the Doctor had given her before I was called in, constituted the most annoying symptom with which we had to contend during her convalescence.

Now, it is evident that the vomiting, in Mrs. Chapman's case, was not produced by inflammation, because we know that quinine will not cure inflammation of the stomach in so short a time, or in fact not at all. The truth is that in that case the morphine given rendered the nerves of the stomach insensible to, and the quinine, when it produced its specific effect, raised them superior to the irritating contents of the stomach, and thus gave relief by affording to the entire nervous system its usual tone; or, in other words, by overcoming the debilitating effects of the poison.

I hope that I may be indulged while I give a brief history of the next case, in which I administered quinine, as it illustrates, very strikingly, not only the completeness of the relief which it gave, but also the calming and soothing influence it exerted over the nervous system. I was called on to visit Mrs. Mitchell, at the onset of her disease, and as I did not wish to experiment unnecessarily in her case, I treated her on my old plan, for five days, but without affording any relief. I resolved to resort to the use of quinine again, and adopted the same plan pursued by me in Mrs. Chapman's case, which resulted in giving similar relief. The relief was so sudden and unexpected to her female friends and relatives who were in attendance, that it excited their apprehensions to such a degree that they supposed the patient, using their own language, "to be struck with death." Her husband, partaking of the same apprehensions, came to me with a proposition to call in consultation. To this I objected, giving, as my reason, that his wife was better; that the effects which he witnessed were the result of the remedies which I had administered, and that I entertained not a doubt of her recovery. These statements quieted him for a short time; but the ladies and his wife's calmness soon aroused his fears again, and he renewed his proposition for consultation. I asked him to name the physician for whom he proposed to send. He said Dr. L., of Sacramento. To this I replied that I had no objection, but as he was alarmed about his wife's case, I hoped that he would allow me to send to Owensboro' for Dr. S.

The messengers were dispatched, and the consulting physicians

arrived in about seven hours. They examined the case together, and decided that her calm and quiet condition was the result of opiates. I assured them that I had not given her any opium internally, but had sprinkled the third of a grain of morphine on the surface of a blister which had been drawn over the stomach, the effects of which I supposed had passed away, as twelve or thirteen hours had elapsed since its application. The purgative which I had given her before the consulting physicians were sent for, operated, and her convalescence was rapid.

I did not inform my consulting brethren that I had given my patient thirty grains of quinine; first, because I regarded my patient's recovery as certain, and was satisfied she would lose nothing by my silence; secondly, because the efficacy of quinine as a remedy in milk sickness was a discovery of my own, and I did not wish it to pass into the hands of others before I had ample time to establish both its efficacy and its safety; thirdly, because I knew that if she were to die from any cause, however remote from the disease for which I was treating her, less obvious in its nature and effects than a bolt of thunder, that her death would be attributed to the remedy, and that I would fall a victim, all bleeding and torn, at the feet of a set of merciless persecutors.

This language may sound strange to the physicians of this day, and of other sections of the country; but it is certainly just in its application to a large number of the profession who figured conspicuously during the prevalence of milk-sickness in this locality.

The highest ambition of the profession was to aspire to the attitude of *Magnus Appollo*, or the leadership of the treatment of this disease. This was very natural, and, I must add, justifiable, as such a position opened up an extensive and lucrative field of practice in this disease alone; and then, it was reasonable for the public to conclude, that if a physician possessed skill and sense enough to cure milk sickness, he would do to depend upon to treat successfully any other disease to which human nature was heir. Hence the spirit of rivalry raged high, and often led members of the profession to do and say things which savored more of selfishness than of justice and equity.

But, thank the Lord, the conflict is over. The calm days of peace have dawned upon our suffering profession once more. The treatment of the disease is understood, and its occurrence becomes less and less frequent with each successive year, and as the arts of civilization make their inroads upon the native forest. It can now be declared as a truth, that milk-sickness produces but little more excitement in the profession than does intermittent fever.

I hope that I will be pardoned for this digression. There are a few other points of some importance which I desire to notice. Whisky will relieve the vomiting in many cases, by its stimulating effects on the nervous system. It is most reliable in those cases in which the poison remains in the system but a short time before

the tolerance of the nerves gives way, and the disease is fully developed. I was sent for by Mr. Robert Hunt, in haste, and upon my arrival found three of his family suffering from milk-sickness. They were all taken about the same time on that day. I gave them prepared chalk and whisky toddy freely. The vomiting ceased in about three hours. A purgative was given, which acted on the bowels, and relief followed in twenty-four hours.

Now, that these three cases were of milk-sickness, and that the poison had been in the system but a short time, is evident from the following facts: Just thirty-six hours before Mr. Hunt's family were taken sick, he drove up a herd of cattle which had been running at large in the woods during the summer. Among the number were a cow and calf which were separated; the calf turned into a dry lot, and the cow in a fresh stalk field. The milk of the cow was used by the family. A few days after the recovery of my three patients, the calf was seized with the trembles and died.

I have already observed that the first stage of this disease lasts in some instances for eight or ten days before the second stage sets in. Tonics and stimulants will always cure the first stage, and thus cut short the disease. They should precede a purgative, or be given in connection with it, as purgatives given alone in the first will often bring on the second stage in all its violence.

Cook's Pills, or any other purgative, taken at bed-time, will, when they act the following morning, frequently start the vomiting, and check the peristaltic action of the bowels. This is done by the debilitating effects of the purgative, which enables the poison to triumph over the tolerance of the system for it.

That tonics and stimulants constitute the proper remedies for the treatment of milk-sickness is further evident from the superior efficacy of the Miller over the Trafton treatment, as given by Dr. Johnson. The Trafton treatment consisted of the free use of effervescing drinks, etc., which possessed no stimulating power. The Miller prescription being composed of

Venice Turpentine 3 ss.

Compound Spirits Lavender 3 i.

Castor Oil 3 ii.

contains two stimulating articles which enable the stomach to retain the remedies until they have time to pass into the alimentary canal, when they stimulate and move its peristaltic action, and thus disgorge the stomach of its irritating contents.

The compound spirits of lavender, which, it is said, was thrown in as a stimulating aromatic only, gives efficacy and value to the prescription.

Dr. Johnson informs us that he commenced the treatment of milk-sickness with a stimulant emetic of eupatorium and pennyroyal or mint tea. Such an emetic doubtless does good, but let me suggest that a non-stimulating emetic should never be given in this disease. They invariably do harm, by increasing the

prostration of the system. This reminds me of a few items of my early history, in connection with milk-sickness and its treatment, which I desire to give, first, to illustrate my former ignorance of the disease, and secondly, to show the difference between the effects of a stimulant and non-stimulant emetic in its treatment. In 1841 I was sent for to see my first patient with milk-sickness, which was in the person of Mrs. Buck Gibson, who was laboring under a fourth attack of that disease. Dr. Eldred Glover had treated her in her former troubles, but was then dead. Mrs. G. had but little confidence in any other physician, and, of course, expected to die. She sent for me, I suppose, because I lived near by, and because my father, who lived in an adjoining county, enjoyed a considerable reputation in the treatment of milk-sickness. I prescribed two grains of ipecac to be given in about four tablespoonfuls of tea of capsicum. This was repeated every two hours for twelve hours, when a full dose of ipecac was given, with the free use of the tea. After the action of the ipecac her stomach became quiet, during which time it retained a sufficient quantity of purgative medicine to open the bowels. Aunt Mina (an abbreviation of Mrs. G.'s Christian name) recovered in a few days, and I have enjoyed her confidence ever since. But my folly consisted in attributing the beneficial effects of the capsicum to the ipecac. Hence it was, when I was called to see my next case, having no capsicum with me, I gave the ipecac alone, which evidently injured my patient materially, whereupon I abandoned the treatment.

But I must notice one effect which quinine invariably produces when given in milk-sickness, in doses sufficiently large to stop the vomiting. The patient always faints and falls over when occupying the erect position. Hence it is not safe to allow him to get out of bed to stool. He should use the bed-pan. The only patient I have lost since 1849, from this disease, died from this cause. I visited Mr. W. M., and prescribed five grain doses of quinine, in combination with two grains of camphor, to be repeated every three hours until the five doses were taken. On my return I found his stomach quiet, and the general surface and extremities warm. Prescribed castor oil and turpentine as a purgative, with directions not to get out of bed when it acted on the bowels, as he would surely faint, which might endanger his life. But he disregarded my orders, and against the remonstrances of his wife, got out of bed, fainted and fell prostrate on the floor. Heavy congestion ensued, from stagnation, and he died in a few hours.

The reason of this fainting is obvious. Quinine, when given in full doses, diminishes the propelling power of the heart, and thus adds to the debility produced by the poison, which renders the heart unable to supply the brain with blood against gravitation when the patient occupies an erect position. It is true that quinine warms up the extremities and general surface; yet it does

not accomplish this by increasing the power of the heart's action, but simply by its relaxing effects: by overcoming the spasmodic stricture of the capillaries, and thus removing all obstructions to the free circulation of the blood on the general surface.

After the use of quinine, the patient should be confined to a horizontal position, and during the administration and action of purgatives, whisky toddy should be freely given, when no apprehension of fainting need be entertained. Mild chloride of mercury will, in many cases, facilitate convalescence by its action on the liver, but should never be given while the vomiting and constipation continue, as it is liable to produce ptyalism, which always does harm, by increasing the debility and irritating contents of the stomach. Stimulants and tonics supersede the necessity for mercury in a large majority of cases.

OBSTETRICS.

Weaning.

[Read before the Norfolk (Mass.) District Medical Society, January 16th, 1867, by a member of the Society, and communicated for the Boston Medical and Surgical Journal.]

Weaning is a subject of little importance, if we may judge from the very limited attention given to it by medical writers. One looks over "the books" and journals, in dismay, when he would give an answer to the common question, "when shall I wean my baby?"

There are some young mothers who willingly stop nursing at the very earliest moment they can have the doctor's sanction for it, and are still better pleased if they are advised not to allow the breasts to be drawn at all. There is a much larger class, who, for various reasons, wish to nurse as long as they can; and, therefore, always represent their health, in reference to lactation, to be quite as good as it really is.

There is need that we have an opinion in this thing; and if the practitioner would decide wisely between the tendency to too little, and the tendency to too much nursing, and be ready to exert a controlling influence "on a subject that is oftener made a matter of convenience than of principle," he should have in his own mind some settled maxims or some definite plan.

The habits of life in the family, the customs of society, and the methods of education, as it is called, under which women are now brought up, seem to be cultivated, as with a set purpose, to incapacitate them to nourish their own offspring; and this is true to an extent that is beyond description and deplorable in the last degree. In the practices of society touching the education of girls, there is hidden, but yet not half concealed, a conspiracy against infant life, more widespread and more fatal than the decree of Herod of old. To prolong lactation, with such material

for mothers, is cheating ourselves and the child, unintentionally, but not the less really, and is injuring the mother; and it ends too often in that formidable condition of mind and body, described by Copland under the head of "undue lactation."

It is often said that, if a child is not vigorous, its weaning should be delayed, if possible. I can not but think that this view of the question has been held up too much, and has often led astray. In our anxiety to sustain a sickly child (too often an only one,) we forget to scrutinize carefully the mother's condition. Many an infant has, by advice, been carried into the hot season, tugging at a breast likely to fail it in the time of its extremity, and, therefore, absolutely more dangerous to its welfare than all the hazards of an earlier weaning.

If a child has been fed at the breast for months, and is only poorly, it is but fair to inquire carefully into the mother's condition, especially as to the quantity and quality of the milk, for it is probably quite time that the child be weaned, or put to another nurse. At any rate, let there be caution how lactation is prolonged *because* the child is not doing well. "Small and weakly infants," says a writer seventy years ago, "if rather feeble than ill, are oftentimes benefitted by being weaned; they should, therefore, about this age (12 months) be taken from the breast, instead of being, on account of weakness, nourished much longer in that way; a trial of such a change should at least in most instances be made."

But I must confine myself (for the sake of your patience) chiefly to these two topics, viz:—At what age, as a general rule, should a child be weaned, and at what season of the year?

Dr. Copland says: "The termination of the period of lactation becomes necessary when the infant is sufficiently old to be fed by many of the usual articles of diet, when it is from eight or nine to fifteen months old, and when it has four or six teeth, or more."

Dr. Munsell says: "The time of weaning should be that indicated by nature, that is to say between the seventh and twelfth month, in ordinary cases; when, by providing the child with teeth, she furnishes it with the means of obtaining nourishment from substances of a somewhat solid form."

Dr. Donne says: "It is ordinarily about the age of twelve or fifteen months that weaning should take place."

Dr. Tanner says: "The proper time for weaning healthy children is between the ninth and twelfth month."

Dr. Dewees says: "When the child has arrived at the eleventh or twelfth month of its age, it is generally thought to be sufficiently advanced to be taken from the breast."

Dr. James Jackson says: "Children are benefitted by living principally on the breast for twelve months."

Sir John Forbes says: "The time of weaning ought to be determined chiefly by two circumstances—the health and state of

the mother, and the development and state of the child. When the health of the mother continues perfect, and the supply of milk abundant, weaning ought not to take place until the development of the teeth shows that a change of food is required. This usually happens about the ninth or tenth month."

Dr. James Stewart says: As a general rule, the child ought not to be kept at the breast beyond a year; it may also, in the majority of instances, be weaned about the ninth or tenth month."

Dr. Gream says: "The child may be weaned between the eighth and ninth month."

Dr. Underwood says: "We shall not be very wide of the order of nature, if we say that a child ought not to be weaned much earlier than a twelvemonth old."

Dr. Condie says: "The proper period for the child to be taken from the breast may be stated, as a general rule, to be at the end of a year."

These are all the authors I have seen.

But I have additional authority in the testimony of members of this Society, whose wisdom and experience must not be lost. The first says: I think a full year as good as any for weaning. I have known and directed children to be weaned at almost every age, and they have done well. Various causes may exist which render it necessary; as for example, deficiency of nourishment on the mother's part, difficulty in assimilating the milk on the part of the infant, pregnancy or failing health in the parent; or any combination of circumstances, when it is apparent that the child or mother is not thriving. In many of these cases a wet nurse is the best substitute; but if, for any cause, not procurable, I do not hesitate to advise weaning, if I can depend on the judicious management of the mother or attendants in the matter of quantity and quality of the food, and attention to the cleanliness of the utensils in which the food of the child is prepared."

Another says: "My rule with regard to weaning has been something like this: if the child is near a year old in May, the first part of the month, is healthy and well advanced in teething, I allow weaning; but if not, I advise nursing till after dog days. I do not like to have a child getting its teeth at the age of fifteen to twenty-one months, in July and August, *recently weaned*."

The third says: "The first consideration is the health and well-being of the mother, as her life is the most valuable, and should not be put in jeopardy. If she bears nursing *well*, it may be continued from twelve to eighteen months, the time of weaning to be regulated by the condition of the child and the season of the year."

The fourth says: "A child should be weaned, as a general rule, when it is from nine to twelve months of age."

The fifth says: "A healthy child should be weaned at the age of one year."

The sixth says: "I should say nine months, supposing the child to be vigorous and healthy,"

The seventh says: "Theoretically, nine months is the proper time; practically, seasons taken into account, nine to twelve months (or a few weeks more in exceptional cases), is quite the *reasonable period*."

The eighth says: "My impression is that it is well to nurse children more than one year; but we must be governed somewhat by the appearance of the teeth. As you are seeking the opinion of the experienced, I will add, that I recollect once hearing the late Dr. George Hayward say that, in children of scrofulous tendencies, the disease was likely to be developed under prolonged nursing."

The ninth says: "I believe it is best that a child should be weaned at from ten months to a year old. It is not unfrequently an injury to both mother and child to continue lactation to fifteen or eighteen months."

I have one more authority on this point, and it is one of much value, because it represents British medical opinion, and fixes the term of lactation independently of the condition of the mother. Before Victoria's first born appeared, Sir Joshua Waddington prepared a code of rules for the government of the royal nursery, and they were approved by the medical staff of Her Majesty. In these rules it is declared, that it is generally advisable that an infant be weaned "at the age of nine months."

The best average I can make, from all these authorities, gives almost eleven months as the approved term for lactation. But eleven months is a longer period than I would have, as a rule, in the present state of society. Children weaned at nine months do as well as those weaned at twelve months, for aught I have discovered. And three months will, in many instances, be added to it, from a variety of causes; and if a longer term than nine months is named, just as much will be added to that, and lactation will be prolonged to a very doubtful period.

I suggest nine months—not as prefigured by gestation, nor by anything else, but—simply as the reasonable term for nursing*. In support of a shortened term of lactation, I have an impression, strong enough to influence me a good deal, that children nursed beyond one year—above all for two years—are not as likely to do well as those weaned earlier: and that scrofulous or puny children are not benefitted by an extended term of nursing, especially

Since this paper was read, a studious friend has sent me the following:—"It is generally recognized that the healthiest children are those weaned at nine months complete. Prolonged nursing hurts both child and mother; in the child, causing a tendency to brain disease—probably through disordered digestion and nutrition; in the mother, causing a strong tendency to deafness and blindness. It is a very singular fact, to which it is desirable that attention were paid, that in those districts of Scotland, viz., the Highland and insular, where mothers suckle their infants fourteen to eighteen months, deaf-dumbness and blindness prevail to a very much larger extent among the people than in districts where nine and ten months is the usual limit of the nursing period.—Dr. WM. FARR on the *Mortality of Children*.

of their own mothers; and, on the other hand, that mothers are generally benefitted by a brief term of lactation.

The advancement of the teeth is generally made an item in deciding the question of weaning. The age for the development of the canine teeth—the most dreaded period of dentition—is about the eighteenth month, and to wait for the appearance of these teeth would be to establish an unreasonable term of lactation.

On this point of the importance of the development of the teeth, writers are very indefinite; and each writer who does specify what teeth he would have the child exhibit at the time of weaning, states that children usually show the specified teeth at about the age he has named as the fit time to stop lactation; so that in fact the cutting of the teeth comes to be a part of a cautious theory, but is in reality of very little consequence in deciding whether a child should be weaned or not.

Practically, children, like some adults, get on comfortably with few teeth, or even none. And I have long inclined to the opinion that the *late* development of the teeth is not unfavorable to the well-being of the child. This opinion will, perhaps, be sustained. In defence of it I can not here enlarge, but will mention the facts in one family. Two brothers, the only children, now seven and nine years old, and always in good health, were both weaned, of necessity, before they were nine months old, neither child had a tooth till fifteen months old, and both had a very easy dentition.

But to our second topic: at what season of the year should a child be weaned?

The writers who have condescended to treat of weaning, say very little about the season of the year. Tanner and Copland, Stewart and Underwood, Gream and Munsell, say nothing about it. Dr. Donne (writing in Paris) says: "Season is of little consequence for children that are well and of good constitution."

Dr. Condie says: "Spring or autumn should invariably be made choice of for the period of weaning."

Dr. James Jackson says; "The safest period for weaning is from the middle of October to the middle of March; provided they be not weaned under ten months after December, under eleven after January, nor under twelve after February."

Dr. Dewees divides the year into three periods for weaning, viz., the convenient, the inconvenient, and the improper season. The moderate months, March, April, May, June, October, and part of November, December, January, and February are the improper season.

But, on this point of the season of the year, I have the privilege to introduce again the testimony of my associates.

The first says: "On this point I have not much hesitation; I prefer October. The nights are not then too long or too cold. It is much easier, therefore, than later, and in the winter. I think better for the child, inasmuch as it gives a longer period for it to become accustomed to its new food before the approach of

the hot weather renders it prone to those gastric disturbances which so often end in cholera infantum."

The second says: "I never advise weaning in July, August or September, if not obliged to do so. I generally, so far as the child is concerned, advise—if the age, state of health, and stage of teeth are favorable—the weaning of a child in April or May, or waiting till October or November, as near as may be."

The third says: "If a child is not more than a year old in the Spring, it should be nursed until the middle of autumn, which is the best season for weaning. If the child is one and a half year old in the Spring, in good health, and having the usual supply of teeth at that age, it should be weaned."

The fourth says: "At any time except in the months of July and August, in which, if children are weaned, they are liable to be attacked with bowel complaints. Ladies rather prefer the early part of June and the last part of September, and avoid, if possible, the extreme weather of winter."

The fifth (with characteristic brevity) says: "Either after the warm season has passed, or before it has commenced. Of the two I prefer the former."

The sixth says: "A child should not be weaned between the first of May and the middle of October following. This is my general rule, but there are cases which forbid its adoption. When the mother's health, or the digestion of the child, requires weaning, the season of the year is not to be considered; but in such cases greater care will be required for the preservation of the health of the child. If a child be a year old on the first of May, he should be weaned in April; if after that, he should nurse till October."

The seventh says: "For myself, I have always advised postponing weaning, otherwise suitable, till the winter months commenced, or at least till the middle of October, when circumstances required earlier than the first named time. For instance, a child has reached nine months in the middle or last of summer, I advise deferring weaning (complete weaning) till November or December, if mother and child agree. That is, I prefer a few weeks or months, longer than nine months, to a complete change in summer or fall. Weaning after the end of February always seemed to me to be more risky than before that time—a few more weeks of age not compensating for the greater risk."

The eighth says: "As to the season of the year, we should avoid those months when diseases of the bowels prevail. If I saw any good reason to advise weaning, I should not be prevented from doing so by the consideration of the season."

The ninth says: "The season most favorable for weaning I believe to be from the last of October to the middle of December. Next to that I prefer first, January; secondly, February; thirdly, March; fourthly, April; in short, giving preference to the months in the order in which they are remote from the next hot season,

when children, who are not accustomed to feeding, are so much more liable to obstinate diarrhea and cholera infantum."

The testimony now presented, both of authors and of associates, is strong and decisive against weaning in hot weather; and it points clearly to the late fall as the best period for weaning.

The suggestions of Dr. Dewees, spoken of before, which divide the year into a convenient, an inconvenient, and an improper season, were based on a large and careful observation, and are well worth remembering. If we look, however, for a formula on the season, we shall hardly find anything more concise than the words of one of our number already quoted: "either after the warm season has passed, or before it has commenced. Of the two, I prefer the former."

But in this evidence some doubt appears about weaning in the spring.

I will only add, for myself, that (so strong is my conviction that much nursing is not well borne by the mothers of this day) I would not hesitate to wean in the spring. If a child is nine months old early in May, I would advise that it be weaned, unless its mother exhibited uncommon capacities as a nurse. But each case of weaning, like each case of sickness, is to be considered and managed by itself, and not to be disposed of in rigid accordance with any fixed rules or maxims.

PRACTICAL MEDICINE.

Management of Diabetes.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS: I would like, through the Journal, to call the attention of medical men to the management of diabetes according to a little work by John M. Champlin, M. D. It is a little book that all diabetics should possess, for the purpose of guiding themselves in all things relating to their diet, clothing, and the like matters. It likewise contains most valuable hints for the physician as to the medication of those suffering with this malady. I will relate but one case, which was under my direct observation, and no doubt there are hundreds who would receive the same amount of benefit by following the advice contained in the little work. The patient is about 33 years of age, a machinist by trade, and weighed, for five years previous to his ailment, two hundred and fifty pounds, five feet eleven inches in height, light complexion, always a great eater, and drank large quantities of water daily. He served as a volunteer in the U. S. Army a year or more; a few months subsequent to his discharge he became diabetic. He first came under my notice in August last, then

weighing only one hundred and forty-six pounds, and, according to his own statement, was using eight gallons of liquids daily, urinating the like quantity, and sweating none. The urine was highly charged with sugar, the specific gravity being one hundred and thirty-five. His medical treatment was simply advising what was obviously required, the chief medicine used being iron, in the form of tinct. ferri chloridi, and potassio-tartrate of iron. I gave him Dr. Champlin's work for his guide and governor. Immediate amendment took place, accompanied with a gain in flesh and bodily vigor, and at this time his weight is one hundred and ninety pounds. He is now feeling perfectly well, and is using about a gallon of liquids daily, the urination being in proportion, though the specific gravity was not, at the last testing, below one hundred and twenty-eight. Any variation from his diabetic diet at once increases the urine, and reproduces the sweet taste to the fluids of his mouth.

In another instance, where the patient procured the work for himself, good results followed, the patient sending the most glowing account of his gain, and saying that it is the thing he has been in search of for years; that is, a guide to teach him how to live.

Dr. Champlin is himself a diabetic, and can therefore address his readers in the most emphatic manner, giving the result of years of personal experiment and observation in cases of his patients.

PAWTUCKET, R. I., February 26, 1867.

On the Use of the Thermometer in Tubercular Phthisis.

Few diseases can cause a daily elevation of three or four weeks' duration. Acute inflammation ceases, and the temperature consequently falls, long before this period has elapsed. The same remark applies to most of the acute specific fevers. The temperature in typhoid fever generally becomes normal by the twenty-fifth or thirtieth day of the disease. The diseases at present known to be able to cause such a long-continued elevation of the temperature as that above mentioned (namely, a month or more), are tuberculosis (the deposition of tubercle in any of the organs of the body), rheumatism, ague, abscesses, suppuration (such as occurs in empyema, large open psoas abscesses, &c.,) and certain chronic indurations of the lungs, with ulceration of the bronchi and the formation of cavities.

Under the term of tuberculosis the writer includes scrofulous pneumonia, the product of which disease was formerly, and still is, by some, considered to be one of the forms of yellow tubercle.

All these diseases, with the exception of tuberculosis, are accompanied by such characteristic symptoms that there is usually no difficulty in forming a correct diagnosis.

Rheumatism makes itself known by pain in the joint, or the

physical signs of peri- or endo-carditis. The symptoms of ague are mostly so characteristic that the disease can seldom be mistaken; abscesses, empyemia, profuse suppuration, can always be detected (abscesses may evade detection, however, for some time) Of all the diseases mentioned, chronic induration of the lungs, both in respect of physical signs and symptoms, closely simulates phthisis.

The length, of time, therefore, that elevation of the temperature continues affords much help in making our diagnosis. If this elevation has continued for some time—say a month—the number of diseases we have to decide between is small, and these for the most part have characteristic symptoms, and thus the diagnosis may become easy. Tuberculosis, however, may exist without any physical signs being present, and at the same time the symptoms may be very slight, and utterly insufficient for a correct diagnosis. In such a case, if the patient continue febrile for a month or six weeks, the disease is, in all probability, tubercular.

In cases where there is a doubt whether the patient suffers from phthisis or not, if the temperature be elevated, tubercle is probably being deposited in one or more organs of the body. Such elevation may be due to some co-existing febrile disease not tubercular; but such a disease mostly ceases in a few days, and in typhoid fever usually at the end of the fourth week. If, therefore, the temperature continues to rise daily for more than a month, we are justified in diagnosing such a case (providing none of the other diseases capable of producing a chronic elevation of the temperature be present) that the patient is tubercular.

It may be said that before the month has elapsed the physical signs and symptoms will be so marked that all difficulty of diagnosis will have ceased. Such, however, is not the case, for tuberculosis of the lungs or other organs of the body may continue for a much longer period than that mentioned, and yet may be slight and utterly insufficient to insure a correct diagnosis.

Hence, it follows that in some cases the temperature of the body affords us the earliest indication that tubercle is being deposited in the body; for, if there is a chronic elevation of the temperature, and this be not due to rheumatism, ague, suppuration or chronic induration of the lung, such an elevation must be considered to be due to a tubercular deposit in the body.—*Ranking's Abstract, Dec., 1866,*

SURGICAL.

Ether Spray in Strangulated Hernia.

Dr. John Barclay reports in the *British Medical Journal*, a case of strangulated hernia, in which reduction was accomplished after the use of ether spray. The pain induced by the most gentle

handling of the hernial tumor was so intense that Dr. B. had to desist from taxis. Having brought with him Richardson's ether spray apparatus—thinking it might be useful in lieu of ice—it was determined to invert the patient, apply the ether spray short of freezing the skin, then to attempt the reduction, and, if failure was the result, to operate by the knife.

The head and shoulders then being supported on the floor by some pillows, and the buttocks raised as much as possible against an inclined plane, extemporized by an inverted bedroom chair, the ether spray was directed in the usual way on the swelling, for about forty seconds, when a minute spot of skin appeared white. The spray was at once removed, and on applying the fingers of the left hand on the swelling for about two seconds, accompanied by the most trifling pressure, plump up (or rather down) went the hernia, to the great delight and satisfaction of all. The man made a first rate recovery.—*Med. and Surg. Reporter.*

Treatment of Gonorrhœa.

Mr. Barwell has for years past treated gonorrhœa as a simple non-specific disease, avoiding copaiba, which, by disordering the stomach and causing loss of appetite, depresses the health, and is apt to increase or lengthen the disease. In case of a first attack, in which the inflammation runs high, a purge, hot bathing, and an alkaline medicine, either diuretic or aperient, as may be indicated, followed by an injection of sulphate of zinc—two grains to the ounce. Second or subsequent attacks may be treated without such preparation by injection, free action of the bowels being secured, if necessary, by medicine. If the patient apply on the first day of the discharge showing itself, a week may often suffice to check it. More chronic cases may be advantageously treated with tannic acid—three or four grains to the ounce: and, in order that the fluid may remain longer in contact with the mucous membrane, it may be thickened with starch or sugar. Mr. Barwell has not found that orchitis follows the use of injections of the above strength more frequently than it succeeds to gonorrhœa not locally treated; and stricture is certainly a rarer sequela to such treatment than to a clap allowed to run on for weeks or months. The slight but continuous discharge of a gonorrhœa become chronic is often difficult of cure. Turpentine, either Chian turpentine or Canada balsam, with black or Cayenne pepper, is frequently useful. Tincture of steel and tincture of capsicum often avails. As a pepper, cubebis will have similar effect; but it is not better, and is more clumsy, than the above-named sorts. The most certain and efficacious treatment is by an ointment containing from three to five, and even to ten, grains of nitrate of silver to the ounce of lard. A small bougie, smeared thickly with the ointment, is passed from half an inch to an inch and a half down the urethra, and left there for half a minute or more; and this should be re-

peated at least every other day. In general, commencing with the mildest ointment, one need but increase the strength beyond five grains to the ounce. In only one very obstinate case was it used ten grains to the ounce; but the patient got well without a bad symptom.—*Lancet*.

Oxalate of Iron a New Tonic.

The following communication from Mr. J. Emerson Reynolds has been addressed to *The Medical Press and Circular* of November 28: "Allow me to draw your attention to a preparation of iron, which has been much neglected, if not altogether overlooked. I refer to the oxalate of the protoxide of iron. Having lately used it in cases requiring the exhibition of a compound of the metal, I observed that it was borne with remarkable ease by the stomach, possessed little if any astringency, and produced the usual constitutional effect with sufficient rapidity. The salt is easily prepared by adding a solution of protosulphate of iron to an excess of oxalate of ammonia solution containing a little free oxalic acid, a yellow precipitate is thrown down, which is the compound in question; this should be well washed and then dried. By having an excess of oxalic acid present, any per-salt formed is held in solution. The precipitated yielded on analysis results agreeing with the formula $\text{Fe O, C}_2 \text{ O}_3 - 4\text{H}_2\text{O}$, and therefore contains one-third of its weight of oxide of iron, one third of oxalic anhydride, and the rest of water. The salt, when prepared as above directed, is a fine powder of a straw-yellow color, almost devoid of taste, and singularly slow to oxidize in contact with the air. It is slightly soluble in water, but more easily acted upon by a dilute acid, and is decomposed by the alkalies of their carbonates. When burned in the open air it leaves a residue of pure peroxide of iron in a condition particularly favorable for the production of *fer reduit*. In conclusion, I may remark that the oxalate of iron requires but *three* atoms of oxygen for its complete oxidation in the system, whereas for a given weight of iron the tartrate of the peroxide needs *ten* equivalents, and the citrate *eighteen* of oxygen, to effect the same end."*—*American Journal of Pharmacy*.

*This salt has been recommended as a chalybeate by Prof. CRAIG, of the Smithsonian Institution, as far back as 1858.—*Ed. Am. Jour. Pharm.*

THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

AUGUST, 1867.

No. 8.

Original Communications.

ART. 1.—*Aphonia*. By EDWARD B. STEVENS, M. D.,
Professor of Materia Medica in the Miami Medical College of
Cincinnati.

LOSS of voice is a frequent symptom attendant on Laryngeal affections, and one of the most annoying, both to the patient and his friends. It is a very obstinate trouble in many cases, yielding only to the most persevering treatment, in many cases not yielding to any.

Aphonia is dependent upon a great variety of causes, and their strict and careful analysis will alone enable the attendant to confidently express a safe or probable prognosis. Laryngoscopy has recently come in as a very important aid to diagnosis, and in all chronic or obscure cases of aphonia, we will scarcely be justified in determining a plan of treatment until we have satisfied ourselves of the exact lesion by the laryngual mirror

Again, many persons forget to look beyond the larynx for the lesion in the case. Many patients are sent to me for laryngeal examination, in whom I find such clearly developed evidences of pulmonary phthisis as to make it sufficiently sure that the aphonia is only a complication of the case; and still further, according to my experience, to render most local treatment of but little avail, notwithstanding the important results claimed for nitrate of silver especially by Trusseau in the curative treatment of laryngeal phthisis.

Nervous excitement is a common cause of loss of voice; sudden surprise—alarm, joy, any of these emotions—may in like manner produce a sudden suppression of the voice. Cases of this kind are not very amenable to remedies. An impudent thief entered a tradesman's shop, and coolly took up some article and bolted away. The owner, in his astonishment, attempted to follow and shout "Stop thief!" In the midst of his effort to halloo he found himself suddenly speechless, and he continued so for several months, when his voice returned unimpaired.

Professional singers are often subject to a sudden loss of voice, and the aphonia is apt to come at the most inconvenient time. With many of these patients a stimulating application to the neighborhood of the larynx is sufficient. It is not even necessary that the local treatment reach the larynx. A solution of nitrate of silver—ten to twenty grains to the ounce—applied to the fauces, will often restore the voice promptly.

Sometimes aphonia is only a manifestation of hysteria; sometimes it is dependent on some lesion of the nervous centres, becoming then a true paralysis. It may arise from overstraining the vocal organs by protracted speaking or singing. It has been observed as one of the sequela of diphtheria.

Such various pathology, of course, indicates the necessity of a careful attention to the *history* of the individual case, and a study of all its possible complications, even where a local laryngeal lesion is demonstrated.

Undoubtedly, however, one of the most frequent occasions of loss or suppression of voice is the impression of special atmospheric changes, producing the train of effects known as catarrh. We may have a catarrh of any part of the mucous surface from the nostril to the most ultimate and delicate ramifications of the bronchial tubes. If its impression is upon the structures of the larynx, there will be a more or less complete modification of the voice. The vocal chords may become relaxed, and the voice will as certainly respond as does the sound of a wind instrument when the reed is relaxed, and a permanent thickening of these delicate structures cannot fail to impair or completely suppress the vocal capacity.

These changes of the laryngeal structures which result from inflammation of that organ are very varied in degree; sometimes there is simply increased vascularity of the surface, with slight thickening of the parts; in other cases I have seen the epiglottis

so much thickened as to rather resemble a piece of cartilage, and attempts on the part of the patient to make the simplest vocalization, would scarcely show any responsive movements of this usually so sensitive part of the respiratory and vocal apparatus.

In all these cases the advantage of the laryngoscope is in the absolute demonstration of the state of the parts, and the direct therapeutic indication which is thereby suggested. Then again in addition to these more usual results of chronic inflammation, we may have a watery excrescence on the vocal chords; we may have a polypoid growth, or some of the various forms of fibroid tumor; but the laryngoscopic inspection is quite as important for its negative as for its actual information. It is quite as important to know that these bodies are absent as present.

A large number of cases are reported where aphonia seemed to continue long after the original lesion, whatever it may have been, had entirely disappeared. In these patients it would seem that the suppression of voice was rather the result of habit, just as some kinds of machinery, when once stopped, will remain so indefinitely, though every wheel and pinion and lever is in perfect order and position, until the machinery is agitated or *started*, when it continues to move with entire precision.

When a careful examination proves this state of things—no local lesion, and no fault of the general system—some of the simplest means of local stimulation will afford speedy relief. For example: Dr. Monks reports a case in an old number of the *Medical Times*, in which a patient had loss of voice following an ordinary “cold.” He was speedily and almost immediately restored, after a suspension of voice for five months, by an inhalation of iodine vapor from a Woulfe’s bottle, repeated twice a day, for fifteen minutes.

In another instance, and upon the same principle, a lady who had been unable to speak above a whisper for more than twelve years, was successfully treated with the inhalation of the fumes of benzoin; but this patient was obliged to persevere several months.

For this form of medication fumigating cards are made as follows: A thick piece of white blotting paper is brushed with a saturated solution of nitrate of potash until thoroughly wet. When dry it is in like manner saturated with a solution of the compound tincture of benzoin. These sheets, when dry, are cut in narrow strips, and are ready for use—the patient burns the

strip and inhales the smoky vapor as it is consumed. We cannot see any advantage in this plan over the present more agreeable and convenient mode of using atomized fluids, which may be made to convey a spray of any substance which is capable of solution.

The galvanic battery has been resorted to in some instances with a good result. The plan is to place one pole of the battery to the first cervical vertebra, and the other to the larynx or its side. This application of the faridization was employed successfully many years ago. By means of laryngoscopy, it may now be conveniently applied, one pole of the apparatus being placed in direct contact with the inner surface of the larynx.

In conclusion of this brief practical paper on this troublesome form of vocal affection, I will be excused for transcribing a contribution made upon this same subject many years ago, and of course in the consideration and treatment of the case related, I was necessarily confined to general indications, our more exact means of diagnosis being as yet unknown. I copy from the *Western Lancet* of August, 1853:

“In a communication to the American Medical Association, in its Volume of Transactions for 1850, Prof. Pancoast has given the record of two cases of loss of voice—the one of six, the other of seven months’ standing—both cured by inhalation of a dilute chlorine vapor.

“In connection with these cases, Dr. Pancoast remarks: ‘The form of aphonia here alluded to is that which many practitioners must have met with, following an ordinary cold, without leaving any perceptible organic lesion in the pulmonary apparatus. The voice is reduced to a faint hoarse whisper, distinguishable only at the distance of a few feet, and a continued attempt to talk, though it gives no pain, becomes quickly attended with a feeling of fatigue, as though there was some obstruction to the passage of air through the larynx. In breathing merely there is little or no difficulty in these cases, as the individuals are capable of undergoing considerable fatigue. *The difficulty has appeared to me to be in the paralyzed condition of the muscles of the larynx, whose business it is to dilate the rima glottidis, during the act of articulation.’

“The conclusion of Dr. Pancoast is, that such agent as will excite a healthy and proper degree of stimulation in the affected structure, ought rationally to restore the power of articulation.

He consequently used the dilut. chlorine vapor with entire success in the two cases referred to, at the same time suggesting that iodine or other similar agents would doubtless produce a similar effect.

"The following case of this kind lately occurred in my practice, chiefly remarkable from the long duration of absence of voice, being twenty months, in other respects similar to the one reported by Dr. Pancoast:

"APRIL 6, 1853—Miss — applied for medical advice and treatment, there being loss of voice, of twenty months standing, supervening upon a slight attack of influenza. Has been subject to brief attacks of hoarseness, lasting for a few days at a time, for several years. General health delicate. Since the present attack, has been subject to a great variety of treatment, including the application of a strong solution of nitrate of silver within the larynx by means of the sponge probang, nothing, however, producing any effect upon the voice. I find, upon careful examination, no especial evidence of disease; there is an entire inability to produce sound of any description with the proper vocal organs; all attempts at speaking are made with the lips—*whispering*. Not being able to divest myself of the idea that a follicular inflammation of the throat and bronchial tubes was the cause of the mischief in some way, I commenced the treatment by directing the inhalation of nitrate of silver prepared with lycopodium, as an impalpable powder, and inhaled by means of the apparatus introduced by Dr. Ira Warren. This treatment was faithfully persevered in for one month, with no better results than the previously tried remedies.

"MAY 7.—Acting upon the idea suggested by Prof. Pancoast, of paralysis of the muscles of the larynx, I now determined to try the iodine vapor. I accordingly selected an apparatus consisting of a metallic vase or urn, with a close-fitting cover, flexible tube, and mouthpiece attached, (introduced some years since by Dr. Samuel G. Morton for inhaling medicated vapors in the treatment of consumption), and directed my patient, after filling the vessel half full with hot water, to drop in 20 drops *tinct. iodine*, and inhale the vapor produced by the heated water, inhalation to be repeated once to thrice daily, according to the irritation or effects otherwise produced. The first inhalation produced great nausea for a short time, and copious bloody expectoration, but accompanied by an almost immediate though partial restoration

of voice. The dose of iodine was directed to be reduced to 15 drops, and thereafter no unpleasant effects were produced. The voice continued to improve steadily under this treatment, until, at the end of a week, it had acquired the natural fullness and distinctness of tone."

In this case there was no relapse, and no subsequent treatment was instituted. This case and those given from Dr. Pancoast's paper were long before the large array of observations had been made which are accumulated in medical journals, and to which allusion was made in the beginning of this paper.

ART. II.—*The Kidneys and Urine—Their Condition in Pulmonary Tuberculosis.* By A. P. DUTCHER, M. D., of Cleveland, Ohio.

I.—THE IMPORTANCE OF THE URINARY EXCRETION.

TO properly understand the functions of the kidneys, and the important work that they perform in the animal economy, we will be greatly aided in our undertaking if we first take a brief survey of the nature of nutrition. This is chiefly effected by *absorption* and *secretion*, operations which are continually going on insensibly, and, at least in adult animals, are, in the state of health, so nicely balanced that no alteration in form or structure is observed. That these changes are going on, is proved by many facts: First, if portions of the body were not being constantly cast off, it is reasonable to suppose that the quantity or supply of aliment taken, after the body has arrived at its maturity, would add to its bulk, and the increase in size would, in many cases be enormous; second, that when the aliment is not supplied as during starvation or diseases which impair the process of nutrition, the body soon becomes wasted away—a result which can be due only to a removal of a portion of its constituent elements.

The blood is the great medium by which these vital actions are accomplished. It does, when in a right state, consist of all the chemical elements which enter into the various tissues of the body. This is conveyed by them to the arteries and capillaries, and from it is deposited in them all the elements required for

their nutrition. This process is *secondary assimilation*, and this plastic force, when in health, is perfect.

As the assimilative process is providing the tissues with new materials, there is another force in operation by which old particles are removed as new ones are added; this is *disintegration*. Thus we have two wonderful and extraordinary changes going on in our bodies at the same time—assimilation and disintegration; one deposits new materials, and the other removes old ones. Now, as man is provided with a perfect organization, the normal balance between these two functions cannot be materially disturbed without producing serious derangement in the system; hence we have a large class of disorders which are supposed to depend upon a want of proper nutrition, such as fatty degeneration, softening and atrophy of the various tissues of the body, with typhoid, tubercular and cancerous deposits.

But what becomes of the worn out particles after they enter the blood? They are eliminated from it by the *excretory organs*; the liver, lungs, skin and kidneys. These organs may be said to constitute the grand sewerage of the body. The material which they remove from the system is not only useless, but in most instances highly noxious. This is especially the case with the kidneys. The office which they perform is to separate certain nitrogenous materials from the blood. Experience has proved that these materials cannot be entirely retained in the system for more than a hundred hours without producing fatal consequences. Even their partial suppression is sometimes attended with the most unpleasant symptoms. Take, for example, a case of simple uræmia. How insidiously it steals upon the individual, destroying his health, and rendering him as helpless as a child. Permit me to cite a case of this kind, by way of illustration, from my note book.

Mr. C., aged 55, had been ill for six weeks, under the care of Dr. S. Not getting any better, I was invited to see him. I found him with a feeble pulse, 40 per minute in the recumbent posture. Respiration 12 per minute; tongue dry and red; skin sallow and dry; bowels alternately relaxed and constipated; urine scanty and high colored—passes about four ounces during twenty four hours; complains of pain in the back of the head and neck; has constant vertigo when attempting to sit up, and says he has not strength to bear his weight upon his feet and legs. His mind has lost its vivacity, and his memory is much impaired; digestion is

badly performed, and during his illness he has had several severe attacks of vomiting. There is a strong urinary odor imparted to the hand when passed briskly over his body and limbs. He sleeps most of the time; but is easily aroused; says his sleep is disturbed by frightful dreams. There is a slight trace of albumen in the urine on the application of heat and nitric acid; it is highly acid, specific gravity 1,020, and on microscopical examination, shows abundance of epithelium from the pelvis of the kidneys, uriniferous casts, and mucous corpuscles. There is considerable tenderness in the region of the kidneys, and, at times, painful micturition.

These symptoms all made their appearance after a mild attack of influenza. Dr. S. regarded the case as one of softening of the brain, and had been prescribing accordingly. Tonics and restorative peremetics had been used *ad. libitum*, but without any advantage. I could not concur with the doctor in either his diagnosis or treatment. The symptoms all pointed to *uramic poisoning*, caused by sub acute *desquamative nephritis*, a sequel of influenza. The treatment recommended was free cupping over the region of the kidneys, a teaspoonful of acetate of potash three times a day, in a teacup full of cold water, and one of the following pill every six hours:

R. Ext. cupatorium perpereum, gr. xxx.

Hyd. chlorid. mit., gr. vi M.

Ft in pil mas. divide in No. vi.

Under the use of these therapeutical agents and an occasional warm bath, he improved rapidly, and in two weeks regained his usual health. In a conversation with him a short time after his recovery, he informed me that he had always been in the habit of passing a large quantity of urine—sometimes as high as two quarts a day. It will at once be seen how detrimental it was to his system, when it was reduced to only four ounces in the same space of time. There cannot be the shadow of a doubt but the retention of urea and uric acid in the blood seriously interferes with the nutrition of all the tissues of the body. Assimilation and disintegration are speedily arrested, these combined with the poisoned blood, explain at once how a train of symptoms may occur, like those in the above case, from a very mild form of suppression of the urinary excretion.

II.—URÆMIA IN PHTHISIS FROM BRIGHT'S DISEASE—A CASE.

Uræmia is occasionally associated with phthisis from Bright's Disease of the Kidneys. I have the notes of an interesting case of this kind that occurred in my practice about six years since. The patient was a young man aged 20. When I first saw him he had not been well for three months. His pulse was more than a hundred per minute, and his respiration over thirty. There was dullness and dry crackling at the apex of the left lung, with prolonged respiratory murmur in the right. Cough and expectoration moderate; the latter did not amount to more than a tablespoonful during the day. His mouth was dry, and he complained of great thirst, particularly at night. Thompson's gingival margin was clearly defined; his skin was sallow, hot and dry; his feet and legs œdematous; his mind was depressed, and he had the most gloomy apprehensions. He complained of pain in the back of the neck and head; was stupid all day, and very restless at night; appetite poor, bowels relaxed, and painful to the touch.

His urine was scanty—quantity passed during the twenty-four hours estimated at six ounces; specific gravity 1,008; light straw-colored; acid; and, on the application of heat, yielded a large quantity of albumen; when examined by the microscope, fat globules, epithelium, uriniferous tube, pus and blood cells were found in abundance. There was considerable irritability of the bladder, and, on two or three occasions during the month, he had voided blood with his urine. Purpuric spots were visible upon the arms and legs; it was this appearance that led me to a special examination of the condition of the kidneys; for, in young persons, I regard purpura a very significant symptom of granular disease of the kidneys. Indeed, I have never met with but one or two cases where it was not present.

The treatment of this patient was tonics and diuretics, with a liberal quantity of cod liver oil, and a generous diet. Under it he made some improvement. The dropsical symptoms quite disappeared, his mind became more cheerful, his bowels more regular, the urine more abundant, his skin moist, and, in a word, his strength was so much improved that he was able to ride in a carriage several miles in the course of the day. The weather being warm and pleasant, he now went on a visit to some friends who resided in a neighboring county, and remained about a month.

On his return home he appeared much better, but this was only of temporary duration. The venal symptoms became more troublesome; indeed, his pulmonary disease was in a great measure marked by them. His mental faculties were reduced to child like simplicity, and his memory so failed him that he could scarcely recognize his most intimate friends. At times he was quite comatose, and it was with great difficulty that he could be aroused to take food or medicine. His skin became more deeply sallow; his pulse and respiration very slow; the urine entirely suppressed; stomach irritable, and bowels very much relaxed. His face was slightly œdematous, but the extremities were free from effusion. He died perfectly comatosed in about three months from my first visit.

Post mortem showed the following lesions: On opening the cranium, the membranes were found healthy; on removing the brain, it was found firm, and finely injected; about one half ounce of clear fluid was discovered in each lateral ventricle, but in other particulars it appeared to be in a normal condition.

The superior lobe of the left lung was adherent at the summit of the apex, very much congested, and contained numerous tubercular deposits in various stages of softening. The inferior lobe was congested, but contained no tubercles. The superior lobe of the right lung contained a few scattered semi transparent tubercular deposits the size of a small pea. Its middle and inferior lobe was slightly congested, and somewhat redder than usual, and the pleura contained about eight ounces of serum. The heart was small, and the pericardium contained five ounces of fluid.

The mucous membrane of the stomach was red and injected: some minute ulcers in the small intestine, and others of larger dimensions in the cæcum. The colon and other viscera of the abdomen were healthy, with the exception of the kidneys. These were both smaller than natural; their external surface appeared shriveled, shrunken, and fissured. In cutting into them, the cortical substance was found very much wasted, and, in some portions, granulated. On a microscopical examination, the uriniferous tubes were found to be altered in their structure, and stripped of their epithelium. Oily matter, in the form of minute molecular granules in considerable abundance. The malpighin tufts were shrunken and obscured by fibrinous exudation. The arteries and veins also manifested marks of degeneration, and the latter contained firm coagula of blood, which, in some of them,

were closely adherent to their walls. The lining membrane of the pelvis was soft, and in spots exhibited a few small ulcers; the uriters were red and congested. The bladder was contracted, but presented no morbid alterations.

From the history of this case, it was difficult to determine which was the primary disease, the tubercular or Bright's. Dr. Roberts, in his recent work on *Urinary and Renal Diseases*, gives it as his opinion that "Phthisis is a frequent complication of Bright's disease," while Dr. Rees, of the Brompton Consumptive Hospital, London, says that they are rarely associated; and that, according to his observation, it does not occur more than twice in one hundred cases. In over two hundred cases of phthisis that I have seen, I have only met with five cases of Bright's disease as a complication. From my own observation I am inclined to indorse the opinion of Dr. Bright, that there is no fundamental connection between phthisis and granular disease of the kidneys; they are, to a certain extent, antagonistic. And this is by the supposition that certain cachexia, such as the cancerous, gouty and rheumatic, are opposed to the development of the tubercular dyscrasia. In all cases of structural disease of the kidneys, there must be always an accumulation of urea and uric acid in the blood, which, in time, leads to the formation of the uric acid diathesis. This is easily recognized by the experienced eye of the physician, and I will venture the assertion that he will very seldom see such individuals perish with pulmonary tuberculosis. If they have been tubercular previous to the renal disease, post mortem will commonly show a suspension of the local tubercular lesion. Dr. Roberts reports an interesting example of this kind, commencing on page 342 of his excellent work just named.

III.—STATE OF THE URINE IN PHTHISIS PULMONALIS.

But some may be ready to ask, is there any peculiarity of urine which is characteristic of phthisis? To answer this question properly it will be necessary to consider the state of the urine in health, and contrast it with that as we find it during the progress of this malady.

First, then, as to its *specific gravity*. According to Dr. Brout, the specific gravity of healthy urine is 1,020; Dr. Roberts, from 1,015 to 1,025; and Simon, 1,012. But you will find a wide difference in the specific gravity of the urine in different individuals, and at different periods of the day. Thus, on rising in the

morning, its specific gravity may be as high as 1,030, while two hours after breakfast it may be as low as 1,015. In this way we may account for the difference of opinion among writers as to its specific gravity. To determine correctly whether the urine has a high or low specific gravity, we must not rest satisfied with taking the weight of a single specimen, but the whole of the urine voided in twenty-four hours should be collected, and a weight of a portion is thus determined. Where this plan is followed, you will find, in the great majority of cases, that its specific gravity, in health, will approximate much nearer 1,025 than 1,020.

From numerous observations I am well satisfied that in phthisis there is a marked diminution in the specific gravity of the urine in every stage of the disease. Indeed it is sometimes remarkable to notice its diminution, as it gradually keeps pace with the increasing mutations in the pulmonary organs. In the pretubercular stage we find its weight almost normal; in the stage of deposit and induration somewhat reduced; in the stage of softening and expulsion, particularly if attended with much inflammation in the surrounding pulmonary tissue, it may be increased temporarily, only to fall much lower than before; in the last stage, under the gradual failing of the vital powers; it may be very low. I have on several occasions seen it as low as 1,005; they were cases complicated with profuse hæmoptysis. In uncomplicated cases of pulmonary tuberculosis, not under medical treatment, you will commonly find that the mean specific gravity in thirty cases will not exceed 1,010 in the last stage.

Dr. Edward Smith, in his work on Consumption, page 61, has taken some pains to show that there is no diminution of the specific gravity of the urine in this disease. He expresses his astonishment at a statement of mine, in an article on this subject, published in the *Philadelphia Medical and Surgical Reporter* Sept. 21, 1861, that "its specific gravity does not exceed 1,010," and to refute it he has presented his readers with a table of eight cases of phthisis, showing the day and night urine for one month. After a careful analysis of them, he says, "it is quite clear that the specific gravity was certainly not less than in health." But these cases, as they are given by Dr. Smith, are of little moment in determining the question now under consideration. For he neither gives the stage of the disease, diet of the patients, nor medical treatment, all of which have an important influence upon the specific gravity of the urine.

It is a well known fact that tea, coffee and tobacco perceptibly lessen the specific gravity of the urine. They are said to restrain disintegration, and thereby prevent the too rapid waste of the tissues of the body; hence there is a marked diminution in the weight of the urine. Cod liver oil, iron, quinine and iodine all increase its weight. They do this by increasing the plastic elements of the blood, by promoting a more rapid renewal of the tissues of the body, and a disintegration and diminution of worn out material, particularly through the urinary excretion, thus augmenting its specific gravity. I have often had demonstrations of the influence of the therapeutical agents just named, to increase the specific gravity of the urine in phthisis. The following is one which may serve as a type of several.

A young man applied to me for advice, with the following symptoms: Pulse 102 per minute, respiration 28, skin moist and blanched; Thompson's gingival margin very marked; cough very annoying; expectoration muco-purulent and hectic; urine scanty and pale, specific gravity 1,009; cavernous respiration and cracked-pipkin sound at the apex of the right lung point out the existence of a considerable vomica in that part. No abnormal sounds on the left side excepting a slight exaltation of the respiratory murmur. I gave a guarded prognosis, prescribed a nutritious diet, cod liver oil, iodine and iron. In nine weeks there was marked improvement; his hectic symptoms had disappeared; cough and expectoration moderate; appetite good; has greatly improved in flesh and strength; specific gravity of the urine, 1,020. This patient made a good recovery, and now, after nine years, all that I could discover wrong from an examination of his chest, is a slight flattening under the right clavicle, and a little increased frequency of respiration. When the specific gravity of the urine is very low at the commencement of phthisis, and, under treatment, approximates to its normal standard, in connection with a general improvement in flesh, we may regard it a favorable omen, and in making out our prognosis we will do well not to neglect its teachings.

The chemical constituents of the urine in phthisis are not found to vary much from the normal state. I believe it may be stated as a general rule, that where, from any cause, rapid waste of the system is preceding an excess of uric acid will be found in the urine. From various tables of the analysis of urine, made by Drs. Bird, Budd, Roberts, and Simon, in this disease, I find

that it is no exception to the rule. The more rapid the disease, the more abundant the uric acid.

In addition to an excess of uric acid in the urine of phthisical patients, we sometimes find certain constituents which do not belong to normal urine, such as cystine, leucine, tyrosine, albumen, diabetic sugar, phosphate and oxalate of lime, eurærythrin, and vibriones. The latter are very common, particularly in the last stage of the disease, when the urine is pale, neutral, and of low specific gravity. Eurærythrin is peculiar to the last stage of the disease. It is a beautiful carmine precipitate combined with the lithate of ammonia, which appears necessary to produce it, and is seldom found in any other disorder. Bird compounds it with *purpurine*. Dr. Wassall, on the contrary, regards them as distinct sediments, from the fact that they are found under very different circumstances. Purpurine is frequently present in the urine in several diseases that are not attended with suppuration, such as congestion of the liver, rheumatism and neuralgia, and is deposited in large quantities without the presence of ammonia. Eurærythrin occurs only in suppurative diseases, and then very seldom as a free deposit. When this sediment appears in the urine of a phthisical patient, we may consider his dissolution very near at hand.

Translations from the German.

(Continued.)

Laryngeal Abscesses. Translated from the German.

By G. BRUHL, M. D., Cincinnati.

CERTAINLY but a small number of cases has been grouped here together; but in all, the last excepted, we miss, with great pain, the presence of such characteristic symptoms which make possible a correct diagnosis during lifetime. Therefore, if laryngoscopy did not accomplish anything more than to give relief in such cases threatening suffocation, for this alone it ought to be counted as one of the most splendid acquisitions to medical science. The history of the laryngeal abscesses up to the invention of the laryngoscope does not exactly form a bright

page of the medical art; after its discovery, however, the aspect becomes a great deal more pleasant. Bruns mentions only in general, that laryngeal abscesses are found both on the posterior wall of the larynx, above the cricoid and arytenoid cartilages, and on the anterior wall near the inferior end of the thyroid cartilage; but in spite of his rich material he does not seem to have seen a single case. Lewin mentions an abscess on the epiglottic casheon, causing aphonia, which he opened with the knife. Tobold saw four cases, and Stork relates that he succeeded with the aid of the laryngoscope to open two retropharyngeal abscesses, and one in the niveau of the larynx threatening suffocation. Turk mentions a case with fatal termination, and adds, besides, the following one: "W. T., born of healthy parents, says that he, with the exception of an intermittens and gonorrhea, never suffered from any severe disease. Nine months ago small pea-like incrustations formed on the gums, healing quickly, but followed by others of the same nature. About three months since his throat became sore and painful, especially during swallowing. Deglutition grew more difficult and the pain extended gradually downwards. He states that he never had syphilis. Fourteen days since hoarseness set in, and the sensation of a foreign body within the larynx. Gargles and antimonials gave no relief. The patient examined on the 14th of May by him, is a robust healthy looking individual, with strongly developed muscles. The exploration of the thoracic and abdominal cavities does not show anything anomalous; no cicatrices are found on the genitals, nor any swelling of the glands. His features have an expression of anguish; his speaking is difficult; his voice hoarse, and deglutitory motions painful. The external contours of the larynx are unchanged—pressure on it causes pain. The oval mucous membrane shows below the tongue near the frenulum a lenticular erosion; no other ulcerations can be detected, nor can any tumors be found explaining the difficult deglutition and impeded respiration. The application of the laryngeal mirror is borne well. The mucous membrane of the pharynx is likewise unchanged; the epiglottis, however, abnormal both in shape and position; the right half of it is oedematous, and has the quadruple thickness of a normal one. The right ary epiglottic ligament has also increased in volume; the left side is normal. By this condition the epiglottis assumes an asymmetrical position, its right half placing itself more backwards than the left; the right arytenoid cartilage is

also enlarged, impeding the inspection of the laryngeal cavity. In favorable moments, however, a tumor can be seen on it, filling up the whole cavity of the larynx from before backwards. Only on the left side a small space is left free for the passage of the air. Neither the false nor the true vocal cords can be seen. None of the constitutional symptoms, if we abstract from the laryngoscopic result, give any clue of the nature of the disease; none of them are so marked that it could not be equally well referred to some other disease, and taking them all together, they will serve more to guess at a laryngeal abscess than to demonstrate positively its existence.

The laryngeal mirror alone can give light in this diagnostic darkness, and guard us against dangerous therapeutical errors. By its aid we will recognize those ulcers which cause laryngeal stenosis by consecutive oedema; likewise, we will detect foreign bodies, even if they remain sticking in the larynx.

A submucous inflammation is characterized by an uniform narrowing of the laryngeal cavity. Still, the easiest of these abscesses might be confounded with neoplasms, and in the foregoing case the swelling detected by the laryngoscope might have been taken for a tumor of this kind. But many reasons speak against it. First, neoplasms occur but exceptionally on the posterior wall of the larynx, are never accompanied by secondary oedema, and originate always without pain. Besides, the appearance of the tumor spoke against such a supposition. The mucous membrane, somewhat reddened, appeared hill-like elevated, whilst the neoplasm ought to have set on the else unchanged mucous membrane, and moreover to have contracted with it by its peculiar structure. The course of the disease, too, spoke in favor of an abscess: for many cases demonstrate that sub-mucous inflammations occur without prominent reactive symptoms.

The therapy has the only indication, to open the abscess if once recognized, which may be done in three different ways; first, by exciting vomiting, and Tobold has succeeded in one case by repeated emetics. This remedy is, however, uncertain, and has to be employed but in such cases where the use of the bistoury meets unsurmountable obstacles. Secondly, the laryngeal catheterism is likewise uncertain, and although once successfully employed, ought not to be imitated. Thirdly, the opening with the knife, the most rational and least dangerous method, which has been repeatedly used with success.

In the foregoing case the knife was introduced on the 26th under guide of the laryngoscope, and the tumor cut in, after which muco-purulent matter escaped under coughing and choking. The opening having been made on the superior part of the tumor as the most accessible, it will not surprise that it had considerably filled up again till the next day. Therefore, other incisions were made deeper downwards, and the oedematous swelling having gradually decreased, the left vocal cord came in view on the 4th, and the right one on the 6th of February. Both were congested, and during the act of phoration so much pus still escaped from the opening as to obliterate the laryngoscopic image. The patient can now attend to his regular business, but being not able to give the necessary care to the diseased organ, the cavity of the abscess had filled up again to the 16th of February. Likewise, the swelling of the epiglottis seemed to have increased. By repeated scarifications, however, the cure was gradually completed.—*Medizinische Nemgkeiten fur practische aerzte No. 4, 1867.*

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE

J. L. Vattier, M. D., *President.*

G. S. Courtright, M. D., *Secretary.*

MONDAY EVENING, June 3, 1867.

Dr. B. F. Stevenson reported the following interesting case of Aphasia:

The largely increased attention given of late to diseases of the nervous system, justifies the minutest detail of such cases falling under the observation of the general practitioner. A case which recently came under my care has elicited much interest from various members of the Academy, who were kind enough to visit the patient with me.

Mrs. Mary M., aged thirty, the mother of two children—the elder a girl of twelve, the younger a boy of seven—was attacked with paralysis of the right side on Friday evening, March 1st, 1867. She is of medium height, of pale complexion, of badly developed muscular tissue, and of general anæmic appearance.

In childhood she had flaxen hair, which time has darkened, and at that time the scrofulous diathesis seemed predominant. Intellectually she was precocious, surpassing most children of her age in colloquial development. Indeed her temperament verged on the poetic in sentiment, feeling, and power of expression.

She suffered with dysmenorrhœa from the establishment of the menstrual function, and from earliest girlhood she displayed the hysteria tendency in a marked degree, and this has been exhibited to a greater or less extent on the regular return of all her menstrual periods. At sixteen she had an attack of rheumatism which lasted some four months of time, and which by turns involved almost all the fibrous tissues. Her heart and its appendages prominently and gravely complicated, and leaving, as one of its sequelæ, a decided tendency to Angina Pectoris, which is still troublesome at times.

Her father was a man of peculiar sensitive nervous organization, of large brain, of much culture, of intense mental activity, and of very great colloquial powers. From early manhood he had been subject to frequent attacks of acute rheumatism. He died in his fifty-fourth year, of softening of the brain. The last two years of his life were years of great mental anguish. From having been of a cheerful, sanguine, ardent temperament, he sank into a state of morose, moody, silent despondency, and died, comatose and speechless for forty-eight hours before his death. Collateral branches of his family had exhibited a strong tendency to nervous diseases, though no case of epilepsy or apoplexy had previously occurred in the family.

Her maternal grandfather had, for years preceding his death, suffered with spinal irritation of so grave a character as to disqualify him, during the last three years of his life, for any of its active duties. He also died comatose and speechless.

Nothing very marked can be said further of her progenitors, paternal or maternal, unless it be to mention the sudden death of her maternal grandmother, in consequence of a profuse serous discharge following rupture of the integument in Phlegmasia Dolens or Phlebitis after her thirteenth confinement. She died in a state of syncope.

In 1862 Mrs. M. lived in Missouri, where, in the winter of that year, she had an attack of Cerebro Spinal Meningitis, and for which she was treated with most heroic portions of morphia, quinine and spirits, having taken twenty grains of morphia and

thirty of quinine in a pint of whisky within twenty-four hours' time. This much I have thought proper to say before attempting a description of the case.

She came under my charge on the 1st of April, four weeks after the paralytic seizure. In early life she had spent some time as a member of my family. I had not, however, seen her for fifteen years, in which period she had passed from girlhood to womanhood and maternity.

Some days before the attack she had attended church in her neighborhood, and returned to her home chilled and feeling uncomfortable. During the succeeding night rheumatism set in, with its usual characteristics of metastasis from joint to joint.

Two days before the seizure she had a profuse venous hemorrhage from the rectum, which prostrated her much, and occasioned the blanched and enæmic condition from which she has suffered up to a recent period.

On the day of the seizure, brain symptoms, accompanied, as her husband thought, with hysteria, set in, and for which sulph. morphia was administered in full dose. Vomiting ensued in a short time, during which she complained of intense pain in the head, attended with blindness, and in a brief period thereafter it was ascertained that she was paralyzed.

During the month of March she was treated at her home in Mason county, Ky., but on the last day of the month, she was transferred by steamboat to this city.

I found her on the 1st of April pale, languid, and somewhat exhausted from the fatigue of her removal, with the right leg and arm paralyzed, and with the thumb drawn in on the palm of the hand, and with the fingers closed very firmly on the thumb. The effort to extend them always occasioned pain.

The skin was cool and flaccid, except over the forehead, where the temperature was slightly above the normal grade. The entire integument seemed to be in a state of hyperæsthesia, the gentlest touch at times apparently occasioning the most acute pain, and at no time since has the sensibility of the paralyzed side been below the normal standard.

There was a constant dull and heavy pain over the frontal region. The habitual expression of the eyes was languid, but they were occasionally lit up with bright gleams of intelligence. The pupils were dilated, but responded sluggishly to the stimulus of light. Her darkened chamber had something to do with her

dilated pupils. Her pulse beat one hundred and five strokes to the minute, and was soft and compressible. The lips were blanched, and the blood evidently impoverished and defibrinated.

The right facial muscles were involved in the general paralysis, but were returning to their normal tone. In eating, some food always lodged between the teeth and the right cheek, which she would remove with the index finger of the left hand. The right angle of the mouth drooped slightly. The muscular action of the face, in her efforts to make herself understood, displayed much greater mobility of the left than of the right side. The lines between the orbicularis oris and the levator labii superioris were much plainer on the left than the right, even in the quiescent state. The wrinkles of the forehead, well marked on the right, extended to the median line, and there almost abruptly terminated.

The appetite was capricious, and the bowels torpid. The gums were red and spongy, and her breath had a mercurial fœtor. The tongue had a heavy white coat on it, with its tip and edges red. On thrusting it out, it was always drawn slightly to the left.

She was fond of company, and showed by the expression of her eyes that she understood conversations in her presence. I would say the intellect was clear but feeble. She answered pertinently "Yes" and "No" to all questions asked, and she had the faculty of uttering one set phrase, that of "pull the cover over me." This, and this alone for seven weeks after her seizure, was the invariable utterance when making an effort to talk, except yes and no, in response to questions.

Her real wants were few, and could be learned easily by a system of occlusion, but her desires and imaginary wants were many, and were ascertained with much trouble and difficulty. I can give no better illustration of this than to detail an event which was characteristic of daily events in her chamber for two weeks after reaching the city:

A statuette was taken from her room for ablution, and not returned to its place. She had accustomed herself to its presence, and desired its return. Day after day she would point to the mantel and iterate and reiterate "Pull the cover over me," and when hopeless of making herself understood, would turn in bed and weep heartily. During all this time the family were thinking of her physical, rather than her imaginary wants.

She always made it manifest by her manner on these occasions that she had uttered language she had not intended to express. After two or three days her sister remarked the absence of the statuette, when she gave evidence by expression of face, by nod and gesture, that that was what she had vainly tried to make them understand, and her pleasure in having it returned to its former place.

A slate and pencil were furnished her, and for some days she made illegible attempts at writing. Finally she was requested to write her name, which she did after a fashion, but she always wrote her maiden, instead of her married, name, and when her attention was drawn to it, she would say "yes, yes," and if asked to write her married name, she would make the effort, but the maiden name would reappear.

I supplied her with a block letter alphabet, hoping to facilitate her intercourse with the family, but she failed more signally with them than with slate and pencil. All the letters were, with her, P, P, P, when she would dash them away with indignation. At one time I thought much of the difficulty in making herself understood resulted from want of co-ordination and harmony between the buccinator and labial muscles, and those engaged in controlling the glottis; but the experiment with the block letters did not sustain such an opinion. The first indication, however, that she gave of increase of power to articulate language, was after an effort to whistle, in which she had succeeded in executing correctly a stave or two of a tune her sister was playing, when she exclaimed, "That's it, that's it."*

Of the special senses, that of taste was normal. She ate heartily, and relished what she ate. The senses of smell and hearing seemed to be abnormally acute. Her chamber is distant from the kitchen, yet her sense of smell always told her, when the doors were open, what was cooking. And so of her hearing. No one approached the house or conversed with the family without her knowledge. Vision was not only imperfect, but objects often presented double. She could make out the headings of the daily papers, but was unable to read a line, and waved her hand up and down before her eyes, to express the idea that all was blurred; but, when read to, seemed to comprehend the sense.

She was subject to paroxysms of excitement from mental

*After the faculty of increased utterance, there was much greater difficulty in pronouncing words beginning with the vowel sounds than consonants, and, contrary to what I would have a priori supposed, the labials were pronounced with most ease.

causes. Anxiety about her husband or daughter, who were both absent from her, often occasioned them. And after these attacks irritability of the stomach was apt to ensue, lasting from twelve to twenty-four hours, and occasioning much exhaustion, and considerable solicitude to the family.

On three occasions within the past three weeks she has been in the cataleptic condition. Two of the paroxysms I witnessed. They succeeded the periods of excitement mentioned above.

The first was brief in duration, lasting not over half a minute. The second attack, however, lasted long enough to give ample time to observe all the phenomena attending such cases. I was sitting beside her, with her left hand in mine, when the attack came on. The first indication was in the hardening of the muscles, which was almost instantaneous. Looking in her face I found the eyes wide open, the gaze fixed and immovable, the pupils dilated, and not responsive to increase of light. The left arm would maintain any position in which it might be placed. I poised it obliquely over the chest, with the elbow semi-flexed, and with the hand and fingers also semi-flexed. The right arm, with the muscles all flaccid, laid in its usual position by the side, and when raised up fell to its former position. The right leg I did not examine. The recti muscles of the spinal column seemed to be called into full play. The head being drawn well back and slightly to the left. The pulse was quickened fully twenty beats in the minute, and respiration was doubled in frequency, but the lungs appeared to be not more than half filled with air. She remained in this condition eight and a half minutes, made one long drawn, deep inspiration, one prolonged expiration, when her arm fell to her breast, and it was all over. She was indisposed to talk, turned herself in bed, and in a minute was sleeping, and so continued for half an hour, and when she woke up was not conscious that anything unusual had transpired.

The urine was voided frequently and in small quantities, and had occasionally an intense ammoniacal odor. Within the first two weeks after coming under my charge, she had four paroxysms of profuse perspiration, following which the quantity of urine discharged was very much diminished, and considerable irritability of the stomach ensued. The very scanty amount of urine voided after these paroxysms, with the grave symptoms attendant, caused, after the first two paroxysms, the use of the catheter. No urine, however, was found in the bladder on either

occasion. The secretion from the skin had also the ammoniacal odor. I feared at one time that these paroxysms were occasioned by malarial poisoning, but they came on at regular intervals, and were arrested by the general treatment, and without any special remedies to meet that condition. I tested the urine once with nitric acid, but found no albumen, and I think it had no sugar in it.

The obvious pathological condition would control the treatment. From the detail given, one of two conditions would readily be inferred: First, the presence of coagulum, resulting from rupture of the vessels of the brain; or, second, the presence of serous effusion without rupture of the vessels.

I entertained the latter opinion, because all the known antecedents of the case pointed in that direction. She was enæmiac. The blood was impoverished by bad assimilation, and by direct depletion immediately precedent to the apoplectic seizure. The blood vessels were ready, in consequence of the general relaxation of the system, on the supervention of local congestion, to pour out by effusion their contained fluid. And the blood, deprived of much of its fibrine, was in the condition most favorable for such a result to follow.

The effort to quiet the nervous system, which was greatly agitated, was the first and most urgent demand. Absolute quiet in a darkened chamber, with freedom from any mental excitement was enjoined. Cold was applied to the head, and the extremities, which were below the normal standard of heat, were wrapped in flannels, and, as a sedative to the nervous system, the solid Extract of Valerian, in pill form, was administered in two grain doses, at intervals of from four to six hours, as circumstances might demand.

The bowels, which were torpid, were stimulated to increased action by mild aperients. The syrup of rhubarb, with rhubarb and soap pills, and the occasional use of the syringe with tepid soapsuds, were mainly relied on for this purpose.

As a stimulant of the absorbent system the iodide of potassa was relied on. It was given in solution in two-grain doses four times in twenty-four hours. This remedy was kept until the pain in the head disappeared, which was in some three weeks from the period when she came under my charge.

After abatement of the pain in the head, she was put on the following prescription:

R. Strychnia Sulph., gr. i.

Quinine Suph., gr. v.

Gum Accacia, q s.

Ft Pill No. xx. One pill at a dose, four times in twenty-four hours.

One week after commencing the strychnia, she was attacked with acute rheumatism of the right ankle joint, which swelled considerably, was red throughout the entire extent of the synovial membrane, and extremely tender to the touch. The attack lasted about ten days, and abated without metastasis to any other joint. It was during this attack of rheumatism that I witnessed the well marked cataleptic condition. During this period she showed for one day slight indications of delirium, accompanied with increased heat of head, and for which ice was applied, folded in a napkin. While this attack lasted, the strychnia was suspended, and the iodide of potassa resumed.

After the rheumatism subsided, the strychnia was again resorted to, and persevered in until her return to her home in Kentucky, on the third of the month.

She was directed to have a nutritious but simple diet, and to abstain from any article which her observation had taught her was difficult of digestion.

The stomach was in an irritable condition when she reached the city, and was frequently excited to vomiting, often, I thought, as much by mental emotion as by any offensive substance it contained. This condition was met with the free internal use of ice, together with rubefacient over that viscus. The volatile liniment, with the addition of chloroform, and tinct. of aconite, I found in use in the family, and I adopted it. It was frequently used over the whole paralyzed side, conjoined with friction, and, as I thought, with good effect.

Under the influence of the strychnia the muscles of the leg were excited to spasmodic action, which occasionally caused much pain, during which a slight thrill could be felt running through the right arm, but no distinct muscular action was excited in the arm previous to her return home.

For a week previous to leaving the city she was able to help herself without aid to the side of the bed, and when helped to a standing position, to push or shuffle the feet along on the floor, but was unable to lift the leg up and step forward on it. She was able to articulate most words she desired. Her appetite and

digestion were good, and her assimilative functions were well performed, as was proved by the florid tinge of her lips and mucous tissues generally.

Dr. Bartholow said: I am indebted to Dr. Stevenson for an opportunity to examine the very interesting case, whose details he has just read. It is, unquestionably, a well-marked case of Aphasia. Her medical history is certainly a remarkable one. But the chief point of interest in it as respects her present condition is the rheumatic diathesis. She has had repeated attacks of acute rheumatism, and has also suffered from painful attacks of neuralgia. In addition to these nervous disorders, she has had malarial fever, which further lowered her general health, already much enfeebled. Under these circumstances the hemiplegia occurred.

On making a careful exploration of the heart I found a loud bellows murmur propagated toward the apex. In addition to this physical sign she presented the rational signs of mitral disease. We have in these facts an explanation of the occurrence of the hemiplegia. In all probability, a fibrinous clot was detached from the affected valve and lodged in a small artery, supplying a limited portion of the cerebral substance. In consequence of the interruption of the nutritive supply to this part of the brain white softening has occurred in it. The state of the general health would, in the first place favor the formation of the fibrinous coagulation on the diseased valve; and in the second place would promote the changes in the brain consequent upon the stoppage of the arterial supply to the point supposed to be involved.

Now, a word as to the seat of the lesion. She has right hemiplegia; consequently the brain lesion is on the left side. She has, in addition, that peculiar condition—loss of the faculty of speech—to which the term *Aphasia* is applied. As this faculty has been located in the third convolution of the left anterior lobe, the island of Reil and neighborhood, by a number of carefully made pathological observations, we may conclude that this part of the brain is the seat of the lesion in this case.

The temporary improvement in the case is undoubtedly due to the judicious treatment which Dr. Stevenson pursued.

Dr. Conner said he saw the case, and had nothing further to add. Thought there was softening of the brain, and that she would die in a state of dementia.

Dr. Comegys said he had no doubt but that there was mitral

disease with loss of tonicity of small vessels or stasis of circulation, and that where remedies for anæmia were used she improved. This case has no memory.

He said he never saw a case of softening of the brain recover. Thought in these cases there was an effusion the same as we have in cases called puenmonia, which were not cases of pneumonia.

Dr. Bartholow wished to ask Dr. Comegys, whether a stasis in the brain could occur, and whether we could have an effusion in the brain?

Dr. Comegys said all cell structure depended on the capillary circulation for its maintenance, and have this interrupted and you will have functional disturbance. This may be remedied; but when you have organic disturbance you can not have it entirely restored.

The President, Dr. Vattier, said: A gentleman called on me early one morning. He was an old acquaintance, having known him from childhood. He attempted to make himself intelligible, but could not. I took down my slate and asked him to write, but still I could not understand him; but supposing that I comprehended the difficulty, made a prescription.

Afterwards called at his hotel and prescribed.

I shall not attempt to discuss the pathology of this case; my only desire is to lay before the Academy the paper I here offer, which was a note sent to me on a subsequent day, by the patient, explaining matters connected with his case, which will elucidate pretty clearly the manner in which persons in that condition express themselves.

The note referred to is as follows:

"He did no to make mind him together, to know do no make no do so muchy, so mind send much too much by too much such so made sape so mind such so my so bee seam so much so."

Dr. Foote asked whether we could have organic disease with aphasia, and reported the following case:

A man sent for me in a great hurry; had loss of language, and the effort to say anything would throw him into a spasm. He would say something entirely different from what he wished to say. Learned from the family that he had a neuralgia. I gave him full doses of morphia and strychnia. The next morning he could get out a short sentence, but could not say the words he

wanted to say. He recovered under the treatment for neuralgia. This case was merely functional disturbance.

Dr. Ludlow reported the following case :

Typhoid Fever with Aphasia.—On the 28th of March last I was called to see a lady, aged about forty years, suffering from an attack of typhoid fever, the symptoms of which were well marked. She had been sick about one week previous to my being called, the family not thinking her seriously indisposed. At this examination she complained of a very severe pain over the right frontal region, which continued about the same for several days. I prescribed daily for the typhoid symptoms, and the patient was gradually improving—so much so that I was of the opinion that I would soon discharge her from my list.

On the 8th of April I left her, doing, to all appearances, well. But when I called again on the 9th, I was met by her sister, who remarked to me that the patient was not so well, in fact a great deal worse than on the previous day, she not being able to speak. I at once made an examination and found her laboring under right hemiplegia, with loss of both sensation and motion of that side, and with paralysis of right side of face and of the tongue, which, when she endeavored to protrude, would always turn to the affected side. She had hyperesthesia of left side, and when pinched on this side gave evidence of pain by moaning, but she could not speak a word, and evinced no pain when she was pinched on the right side. She was evidently conscious and knew what I said to her, but could not pronounce a word ; all she could do was to moan. I also found that she had not had a movement of bowels, or passed urine, since I saw her the day before. I examined her bladder and found that there was almost total suppression of urine, the bladder being quite empty. I at once administered a mixture containing one ounce of oleum ricini—oleum terbenthin two drachms, and spirit ether nitrici one half ounce, croton oil two drops, continuing the quinine and wine whey, she had been taking before, and then left her. On my return some four hours later in the day, I found that her bowels had moved once, but had passed no urine. I at once passed the catheter and drew off a small quantity of urine. I then ordered one-half of the mixture to be given at once, and continued the other treatment as before. I at this time told the family I thought the case hopeless, as there was evidently some great damage done the brain ; and the next morning when I called I found her

in about the same condition, with the exception that her bowels had moved well and she had passed quite a large amount of urine. I still told her friends that she could not get well, and predicted that she would grow worse day by day. I continued the tonic and sustaining treatment daily, but she continually grew worse and died on the 14th of April. I was unable to get a post mortem in the case, her friends not permitting, and I therefore know not what was the nature of the difficulty in the brain, though it would have been interesting to have known.

MONDAY EVENING, June 10, 1866.

Dr. Thornton said he was satisfied that in these functional diseases of the brain, there is no perceptible pathological disease manifest. Dr. Bartholow supposes that the pathological causes are some clots escaping from the diseased valves, and plugging up some of the smaller vessels, and in some cases this was the case, and mentioned a case he had seen in Vienna of this kind where a post mortem was made, and verified the diagnosis.

In these cases the heart trouble is first, and paralysis must come on suddenly.

He also related the following: A lady, aged 43, was taken with a convulsion, and afterwards had paralysis of lower extremities and loss of speech for weeks. I at first thought she was hysterical, but after she had repeated attacks I came to the conclusion it was softening of the brain; but as cold weather came on she got well, and I now think it was only hysterical and merely functional. He thought from the amount of quinine and whisky this lady had taken, if she was carefully watched, they would come to the conclusion it was only hysterical.

Dr. Muscroft reported the following case: A lady, aged about 45, up to the time of attack had menstruated regularly. Had complained for some time with pain in the head; had what is called a "fainting fit;" had headache for some time, and when he saw her pain was more particularly over the left eye. Had some fever and chilliness; thought it was neuralgia. I gave her calomel, aconite and quinine. Next morning thought herself better, but was not disposed to answer questions. Afternoon was called and found her with apoplexy and hemiplegia of right side. Under treatment apoplexy seemed to be relieved, but paralysis not improved. But in a few days could express yes or no.

This was 1st of March last. Gave her \mathcal{R} Potass. Bromide gr.

XXX., and Potass. Iodid in gr. viii doses. No incontinence of urine. Some swelling on shin bone of right leg. Abscess formed on leg; opened it; examined into previous history as regards some constitutional vice; could not learn of any; thinks the trouble has been kept up by some bony growth in the cranium. For weeks and weeks could not get her to take either food or medicine; for two weeks at a time only took a drink; used a sponge bath of potass. iodide, iodine and hydrarg bichlor in water.

Dr. Bartholow said: I think we are in danger of wandering from the subject under discussion. It is aphasia—loss of the faculty of articulate language, and not paralysis of the tongue. My position in respect to this case of Dr. Stevenson, is this: That the changes in the brain are consecutive to cardiac disease. She has had endocarditis during her attacks of acute rheumatism, and the mitral valve has been damaged. A vegetation which formed on the diseased valve became detached, and passing into the current of the circulation has lodged in a small artery supplying the left anterior lobe of the brain. The nutrient supply being thus cut off, white softening has occurred in this part of the brain. As she had complete paralysis of motion on the right side, it is to be presumed that the lesion of the cerebral substance included the left corpus stratum. Such is my theory of the case.

Cases of the same kind are found quite numerous in various works of practical medicine.

Some of the gentlemen who have engaged in this discussion seem to doubt the connection of cardiac lesion to cerebral disease. In Trousseau's *Clinical Medicine*, vol. II, p. 587, a parallel case is narrated. In this case there existed a chronic endo-pericarditis, and insufficiency of the mitral valve; she had had acute articular rheumatism, and Trousseau supposed—I quote his own language—that the cerebral affection was the consequence of an embolus detached from the diseased valves.

At page 348 of Bennett's *Clinical Medicine*, a similar case is reported, and in his commentary upon it, the author discusses Virchow's doctrine of Thrombosis and Embolia.

The chief point made by the gentlemen who assume the negative of this question was this: that the improvement manifested under the treatment of Dr. Stevenson, is conclusive against the theory of a localized softening due to the blocking up of a vessel containing the nutritive supply to the affected part. My friend, Dr. Comegy's, went so far as to assert that white softening, such

as I have described, could not be recovered from; that the case was one of functional derangement merely, and further that it was a common error to confound functional disorder with organic lesion. Unfortunately, for his view the progress of scientific investigation is rapidly lessening the number of so-called functional diseases. The neuroses are of all forms of morbid action, the least dependent upon structural alterations; yet, if we examine into them, we shall find that there are but few which can be considered as truly functional in character. We may take as typical examples, apoplexy, chorea, and neuralgia; but how few cases of these disorders are not directly caused by changes in the nervous centres, the peripheral nervous distribution, or in some of the organs of vegetative life?

"In the present state of pathological anatomy, notwithstanding the rapid progress of this department of medical science," says Dr. Axenfeld, (*Des Neuroses*, p. 122) "it would be temerity to affirm that because no lesion is found, that therefore none exists."

In view of the comparative infrequency of truly functional disorders, it would seem to be rather absurd to call this case of Dr. Stevenson a case of functional disorder. Right hemiplegia and aphasia are so commonly associated with serious disease of the brain, that all pathologists regard them as evidences of structural alterations

As I have quoted Trousseau in vindication of my opinion that there existed the relation of cause and effect, between the cardiac lesion and the brain trouble, I will now quote Lallemand to show that the symptoms of aphasia and right hemiplegia, are produced by an alteration of the brain. I find in a work by Lallemand, entitled "*Recherches Anatomiques Pathologiques sur L'Encéphale et ses Dependances*," an analagous case. This patient, a woman, was admitted to Hotel Dieu 2nd of November, 1817. I translate from his work: "She understood perfectly all that was said to her, but when she wished to respond could only make inarticulate sounds, or a confused mumbling like that made by deaf mutes; at the same time she gesticulated vivaciously, and was impatient that we could not comprehend her. Nevertheless, her cheerfulness continued, and she laughed at anything amusing. The movements of the tongue were easily executed, but in protruding it the point deviated to the right. The movements of the members were executed with their usual force and freedom, and the skin had lost nothing of its sensibility." On the seventh day

after her admission, the account goes on to state she became able to pronounce the monosyllables *yes* and *no*; but on the ninth day paralysis of the right side supervened, and she grew worse and died. Here was an unmistakable case of aphasia, occurring long before the peculiar condition was recognized. We have a right, then, to assume, that the description of the seat and character of the lesion is not perverted by any preconceived views. Now, what was the character of the lesion? There was an adhesion of the pia mater at the anterior and external part of the left anterior lobe. There were two extravasations of blood on the membrane at this point, and the cortical substance of the brain was softened in the same situation, and this softening extended downward and anteriorly to the fissure of Sylvius.

Can recovery ensue from such a lesion as I have supposed to exist in Dr. Stevenson's case? This has been denied by those who have taken the ground that the case was one of functional derangement. In questions of this kind opinions amount to but little. What are the practical observations which have been made.

Rostan, a distinguished authority who wrote a special treatise entitled, *Recherches sur le ramollissement du cerveau*, expresses the belief that recovery does take place, though rarely—(p. 171.) Rokistansky (Vol. III, p. 292 et seq.) thinks that a localized softening of the brain does not necessarily prove fatal. Cruveilhier is committed to the same opinion. Todd, one of the ablest of clinical teachers, expresses himself very strongly in his lecture upon paralysis, in regard to the reparative process in cases of white and red softening. His opinions may be found stated at length in the 12th lecture.

We must therefore admit the possibility of recovery in white softening of the brain. But what prognosis are we justified in giving in Dr. Stevenson's case? My own opinion is that the improvement is temporary, and therefore illusory. I venture the prediction that she will not recover, and that serious symptoms will presently develop themselves.

Dr. McIlvane said he presumed, from the treatment and history of the case, that she was under the effects of the medicine given, as she took 120 grains of opium in 24 hours. Thought, from the history, that there was no organic disease of the heart or brain; that the female living under the treatment and symptoms, and improving, was very remarkable.

Dr. Comegys said, we were after the truth. In regard to Aphasia, it was so vulgarized by late writers, and that the best paper on this subject was one by Trousseau, and in this paper he describes loss of speech due to loss of substance of front lobe of brain, more usually on the left side; also quoted authority to show that Aphasia took place without paralysis.

In recoveries from softening, the Doctor said, wherever a tissue, as a nerve or muscle, was destroyed by disease, it is never reproduced, but its place is filled by a tissue of lower vitality; but where softening or destruction of the brain occurs, it is never recovered from, and did not think there were any cases of the kind reported.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Diseases of the External Meatus. By A. D. WILLIAMS, M. D., of Cincinnati.

Under this head I wish to speak first of *Furuncles* in the ear. They are known by several names—sometimes called *boils* in the ear; sometimes *abscesses*, and at other time *circumscribed inflammations* of the external meatus. They are supposed to be caused by disease of the hair follicles of the ear; may result also from disease of wax follicles. *Træltsch* thinks they nearly always originate in this way: A hair follicle, from some cause or other, becomes inflamed. The inflammation extends to the surrounding tissue, and thus cuts off the nutrition of the hair follicle, which consequently dies and has to be discharged. This *dead* hair follicle constitutes what is called, in common language, the *core of the boil*, and the *involved* surrounding tissue breaks down and for the very small amount of pus that is discharged from such abscesses.

Strong cold winds, cold water, injections of medicated solutions or irritation from pins or ear scoops, are supposed to be the most common cause of the original inflammation of the hair follicles. It is easy to suppose that inflammation of the wax follicles may

start from the same cause, and run through the same course, and finally give rise to a boil in the ear. These abscesses, as a rule involve a very small point or portion of the meatus with well defined boundaries, and hence they are called *circumscribed inflammations* of the ear in contradistinction from general inflammation. Their diagnosis is very easy. They are *always* excessively painful, especially at night. Frequently extend to the head, and give rise to general headache, particularly on the affected side. If let alone, the pain will last from two to four days. This is the *chief subjective* symptom.

Upon examination it will be found that a little round point is projecting into the meatus from some one of its walls. It may be close to the orifice or deep down towards the *membra tympani*. If the patient has been suffering for some time already the meatus may be closed up completely, so that the bottom of the ear cannot be seen at all. When this is the case the swelling has reached the opposite wall, so as to close up the tube. Under such circumstances, too, the ear is apt to be most painful, for it is the want of room, and the consequent pressure upon the abscess that makes it so very painful. Upon closer examination we find that if we take an ear-scoop or probe, and press gently upon the apex of the little tumor, the patient will jump and hollow, and say we hurt him severely. This is splendid evidence of a furuncle. If we observe closely when we press upon the little swelling, we will notice that we can *indent* it, as a bladder full of water, showing that the tumor is not only soft, but that it contains a fluid of some kind, which of course would be pus, as it could not well be anything else. The skin covering these little furuncles in the ear has its natural white appearance, does not become red like the skin covering a boil on the general surface. This fact is one of the distinguishing characteristics of boils in the meatus. Sometimes if the gathering is nearly ready to open of itself, there may be seen a mere yellow point in the apex of the swelling. This is proof that the abscess will not last much longer, if left to take its own course.

If a part or all of these subjective and objective symptoms are present, we will be at least *safe* in diagnosing a *boil in the ear*. It is rare that both ears are affected with these troublesome little things at the same time. There may be only *one*, or there may be a *cluster* or *crop* of them, all pointing nearly in the same place, and very much disposed to run, as it were, together, and form one large abscess. As would be naturally inferred, *such an*

abscess is the most severe of all abscesses we ever witness in the auditory canal.

As a rule, grown persons are mostly the subjects of these severe afflictions. Sometimes the predisposition to them seems to be inherited. Persons in good health and in bad health are alike subjects of such ailments. As above stated, their natural course will last from two to four days. Every person with a boil in his ear is unfitted for business for that length of time.

Hence, in a business way, it gets to be an important matter. In the general prognosis we must be somewhat reserved. So far as each individual abscess is concerned, it is very favorable, but in many of these cases there is a very strong tendency to a frequent recurrence of them. So that it is always best to tell the patient that he *may* have a number of them after he has had one.

The generally adopted treatment is very simple: Cut them freely open, and let the pus discharge, and in one hour they will cease to be painful, and in twenty-four hours they will be well. Take a strong, narrow-bladed knife, pass its point down the meatus till it passes the apex of the boil; then pressing it upon the swelling quite firmly, draw it suddenly outward over the little tumor, and thus make a quick incision through the body of the boil, and aim to make it reach down to the bone. The incision should be free—I mean deep. There is nothing in the way, so that we can make the incision down to the bone without any danger at all. In order to do this it generally requires more force than a person would think, who had never made the incision. We need not always flatter ourselves that we will have the pleasure of seeing a stream of pus run out upon opening a boil in the ear. We never see more than a few drops escape, and frequently we do not see any at all, for there is so little that the blood hides it entirely. If we open such an abscess very early, as we should always do, there may not have been any matter formed. Then no one should be discouraged at not seeing matter after opening a boil in the ear.

It is advised by some surgeons that we should lay open these furuncles so soon as we have made out a correct diagnosis, *without* telling the patient what we are going to do. This is certainly bad policy, to say the least of it. It is better always to explain the matter to the patient fully, and get his consent before you stick a knife into his ear, which always causes excruciating pain for a short time. If the patient is nervous or timid, give

him chloroform. After a free opening, direct him to apply hot fomentations for a while, and thus promote the suppuration. Syringe the ear two or three times afterwards so as to wash out all the pus, and whatever else may be there. If the incision succeeds nicely, in the course of a half hour the patient will have perfect relief from his intense suffering.

We can safely promise relief in case the patient will consent to have his ear cut. This promise will be the best plea to induce him to have it done. There are not many persons who, after suffering a couple of nights from furuncle in the ear, will refuse to have it opened. Sometimes, where there is a cluster of furuncles, and we do not open all of them at one incision, we may fail to give instant relief.

As to the best means of preventing their return, I know of no treatment that is at all reliable. I know of nothing that will keep them from returning, when a pretty strong predisposition to their development already exists. Swabbing the ear with a strong solution of nitrate of silver has been recommended for this purpose. It is well enough, perhaps, to try it. I would have, however, very little faith in its efficacy. If anybody knows a reliable preventive, he will confer a favor upon aural surgeons if he will make it known.

Otitis Externa.—This is the name given to diffuse or general inflammation of the walls of the external meatus, to distinguish it from the follicular or circumscribed inflammation—generally known as *boils* or *furuncles*—described at length above. It has various causes, among the most common of which may be reckoned the *exanthematous* diseases, which may extend from the general skin to that of the auditory canal. Otitis Externa arises frequently from irritations, such as picking the ear with ear-scoops, with pins, &c. Cold water injected forcibly into it may cause it. A cold draught striking the ear may excite acute inflammation in the external meatus. The so-called *scrofulous* children are the common subjects of this disease. Its symptoms are many, the most frequent of which I give in Tröelsch's own words:

“In the acute form of otitis externa the patients generally complains of an itching, with a feeling of heat and dryness in the ear, and the itching or tickling sensation is so great in some that they are scarcely able to refrain from placing some kind of an instrument, as an ear-spoon or the like, into the ear. The

cessation of this symptom is followed by pain—a dull heavy pain, rising to a severe beating, which is felt deep in the ear, almost always occurring in the night, and with loss of sleep, feverishness, it goes easily to delirium. Pains declaring themselves in the deeper parts of the ear, extend themselves, in severe cases, to the whole side of the head.

They are increased by every motion of the body, still more of the head, as in sneezing or coughing; by any motion of the jaw, as in chewing and yawning. The latter named symptoms occur more particularly when the anterior portion of the ear is affected, and the cartilaginous portion takes part in the same swelling. The vigorous moving of the canal, as in straightening it for examination, causes pain, and the ear speculum should be introduced very carefully and slowly. The hearing power is affected according as the *membrana tympani* takes part in the inflammation, and this is always more or less involved.

If we examine the ear in the beginning of the attack, we find the epidermis with the surface of the drum greatly injected and swollen."

Thus Troelsch has described very forcibly the commonest symptoms of the common disease now under consideration. After the congestive stage has lasted from two to four days a watery exudation appears. This gradually grows thicker and thicker, till finally it gets to be yellow pus. So soon as the secretion gets to be purulent, the prominent symptoms of pain, &c., cease. The suppuration may cease in a few days, but is more likely to continue indefinitely. The discharge is composed largely of desquamated epithelium, which has been thrown off by the inflammatory process. Sometimes, in syringing the ear, we get out almost the entire epithelium of the aural canal, and always more or less white scales or crusts. In order to make an examination in such cases, the ear must be washed out well with warm water. Upon looking into it, the surface of membrane and walls will be intensely red and much swollen. On account of the swelling it is sometimes difficult to make a satisfactory exploration.

As a general thing, the prognosis is favorable, but not every case will get well. The skin of the external meatus is so closely connected with the periosteum that disease of the former is liable to involve the latter, and thus lead to disease of the bone. This fact we must always have in view in prognosing. Troelsch

thinks that the skin and periosteum of the canal are one and the same membrane. Hence we can see how easily a caries of bone may supervene upon an otitis externa.

In children, particularly, where the bone separating the meatus from the cavity of the cranium is quite thin and porous, it would not be difficult—theoretically at least—for an external otitis to excite a meningitis. Some cases of the kind have been reported by good authority.

The *treatment*, in acute cases, must be active and antiphlogistic. Leeches in front of tragus or in orifice of meatus are advisable. From two to five will be sufficient. Pretty active purgatives are to be given for a few times. Moderately low diet is to be enjoined, but no starving. Locally the main indication is for the application of moist heat. The ear should be filled up frequently with warm water, which should remain there till it begins to get cold. In addition, hot fomentations to the ear are to be advised. Patient should be kept still. To relieve the intense suffering, if the warm application don't do it, give opium internally. A solution of morphine (4 to 6 grains to ounce), warmed, may be dropped into the ear frequently, instead of the warm water. In this way the inflammation may be cut short, or active suppuration hastened, which will always give the patient relief. Tröelsch advises strongly against the use of poultices and blisters in such cases. Says they do *positive* harm. The only counter irritation practiced by him is made by the use of cataplasms. As a rule, however, the physician rarely gets these acute cases of otitis externa to treat, for they last so short a time and pass so quickly into the chronic form that patients very rarely have time to apply for medical aid in the acute stage. The chronic form involves the important subject of *Otorrhœa*, which will perhaps be the subject matter of the next writing.

Correspondence.

CASTLETON, MARION COUNTY, IND., June 17th, 1867.

Dear Lancet :— How essential we should always bear in mind "Render, therefore, unto Cæsar the things which are Cæsar's," etc. Again holy writ says: "Render, therefore, to all their dues." It appears to be one of the fundamental laws of divine teachings "Thou shalt not steal." I am not going to accuse any one of stealing; but I must confess that some things appear very strange. You are aware that us Hoosiers are *determined* not to suffer any of our sons to take the things that are Cæsars; neither do we intend that Cæsar shall take from us. But to the point. Dr. A. P. Merrill, of N. Y., as is well known to every reading medical man, has been writing a series of articles on the internal use of chloroform as a remedial agent in the treatment of "Congestive Chills," Pneumonia, etc. He has lately transmitted his monograph, through the Secretary, M. Jaccoud, to the Paris International Medical Congress, in which he says "*I have discovered*" that chloroform given by the stomach and bowels, is an efficient remedy for this species of disordered innervation which causes congestion, paresis and spasms. The author furnishes an array of "*fatal*" cases, which yielded to his "*great discovery*." The Dr. has not probably read all that has been written on this subject, or he is not in favor of "Rendering unto Cæsar," etc. I will, for his benefit, direct his attention to a few articles which has appeared in our medical journals, from time to time, in the past few years. He will find in the New Orleans *Medical News and Hospital Gazette*, for April, 1860, an article entitled "A Remedy for Congestive Chills," by J. M. Keaton, M. D., of La. Dr. K. reports a case and says. "Believing the case almost a hopeless one, I determined to try a remedy I had not yet heard of being used in such cases, viz: chloroform. I commenced by giving five drops in a little water." In a short time his patient commenced improving. In conclusion the Dr. remarks: "I offer this only as a hint, hoping that others may find it as much a friend in time of need as I did."

Seeing this report, and having myself been using the remedy in this disease, induced me to publish my observations with this

remedy. In the same journal, for June, 1860, I reported a few cases, showing its good effects. In my remarks on the *modus operandi* of chloroform I said: "In the treatment of congestive chills it appears, first: it allays nausea and vomiting; second: it allays the pain in the stomach; third: it equalizes the circulation; fourth: the reaction is more excessive after its use."

In as much as I had used this remedy in the treatment of "congestive chills," as well as many other diseases, long anterior to Dr. K., I was led to suppose that I should have priority; but the editor of the *Gazette* rendered the following decision: "In as much as Dr. Keaton first made public his observations, his claim to priority is indisputable, which is the rule all over the world." So much for congestive chills. At the same time I published the following in relation to pneumonia: "I have also used chloroform internally the past winter, in the treatment of pneumonia, in from five to ten drops every two hours. It allays the cough and all nervous excitement, and appears to cool down the fever." Probably this was the first article ever written showing the good effect of the remedy in the treatment of pneumonia. I am not so sanguine as to the good effect of the remedy as Dr. K. I think it should be used on *general principles*.

In the Oglethorp Medical Journal for July, 1860, Prof. H. L. Byrd says: "Having recently seen in the New Orleans Medical News and Hospital Gazette, two or three articles from the pens of Dr. Keaton, of Louisiana, and Dr. Rooker, of Indiana, on the use of chloroform as a remedy in congestive chills, and having had some little experience in the use of that article in the treatment of the cold stage of our autumnal remittents, and that condition of congestive chills, I feel it my privilege as well as my duty to corroborate the experience of the above-named gentlemen in the therapeutical properties of chloroform in the treatment of one of the gravest symptoms, viz: the cold or congestive stage of miasmatic poisoning in the human system. I have frequently prescribed chloroform by the mouth, but in rather larger doses than they seem to have done, etc." Dr. Byrd seems to prefer it by inhalation. But, Mr. Editors, I think I have said enough to show the Dr. that "my great discovery" is not *altogether* his.

I suppose you have seen the report of my case of hydrophobia, which appeared in the Cincinnati *Journal of Medicine*, for June.

I will here further state that Prof. Parvin, who saw this case with me in consultation, after collecting a full history of my case, was fully convinced as to the correctness of my diagnosis.

This is my only reply to the "sharp criticism" of the Editor of the "Journal." I was induced to try the use of bromide of potassium by seeing it recommended by Brown Sequard and Prof. Bartholow. I can not do better than make an abstract from Prof. Bartholow's article, on the use of this remedy, in the *Lancet and Observer*, for November, 1865. He says: Some interesting experiments have been made upon dogs, to show that bromine decomposes the rattle-snake poison, and renders it inert. With the same views it has been proposed in hydrophobia, but I know of no instance in which it has been employed." Its efficiency as an antidote to the poison of the rattle snake affords a reasonable ground for belief that it may prove antidotal to other specific animal poisons. At all events this subject is worthy of investigation. And as for *hysteria*, the young lady's previous health was good, and she is now in the enjoyment of good health, and the dog that bit her was undoubtedly rabid, as the dog which bit him bit a near neighbor's horse which died of hydrophobia. But enough. I might speak of many things. Suffice it to say this is a very wicked world. Many would not believe though "one raise from the dead."

Respectfully, R.

Case of Monstrosity.

MECHANICSBURG, O., May 15, 1867.

E. B. STEVENS, M.D.--*Dear Sir*:--The following is a brief account of a case of foetal monstrosity recently occurring in my practice: The mother, aged nearly forty five (45) had borne several healthy children, the youngest now about four years old. For the last two years she has been in very ill health, suffering the peculiarities, and thought herself undergoing the "change of life," and did not know that she had conceived until a short time before the birth of the monster, which seemed to be about a seven months' foetus, dead, and presenting abnormalities as described, to wit:

A hare-lip, with a fissure in the bony and soft palates. But one bone—the radius—in either fore-arm; the ulna wanting, and no point of ossification. The hands are composed of four fingers each (no thumbs,) and turned outwards at right angles with the fore-arms. The knee joints are so deformed as to prevent flexion of the legs upon the thighs; And last, but not least, there is a posterior spinal curvature in the lower dorsal region, accompanied with spinal bifida.

Could this child have lived, it would have been a hideous

monster, eagerly sought after by some one in the "show business," for exhibition as a living curiosity.

The mother states that she was not frightened at at any time during her pregnancy, but that there was a man, who had but one hand, about the house during the first months, before she knew her condition, and after finding herself pregnant she feared her child would be marked.

Now, is it not probable, that in this instance, the mother's ill health and approaching climacterie had much to do with the failure of nature to produce thorough development? Indeed, it seems a wonder that the mother, in her apparent condition, should conceive at all.

Respectfully, yours,

JOHN H. CLARKE.

Remedy for "Camp Itch."

DODDSVILLE, ILLS., May 31, 1867.

DR. E. B. STEVENS:—The following ointment will cure Camp Itch, or what is known in the West as a "breaking out." This disease seemed to have its origin with the "Great Rebellion," but unlike it, still continues to disturb the quiet slumbers of the "loyal," and also the "rebel." The latter, no doubt, deserves this punishment, but for the relief of the former I contribute this cure:

Take four ounces (fresh) May Apple Root, put into one pint of water, boil down to two ounces, and add two ounces lard and half ounce tinct iodine scut with oil bergamot q. s.

Wash the affected parts with castile soap and water, and immediately apply the ointment Two applications will suffice.

Yours, respectfully,

F. W. HUNTER.

EATON, OHIO, June 26, 1867.

DR. E. B. STEVENS,—*Dear Sir*:—A death occurred a few days ago in this neighborhood, from the effects of chloroform administered by an irregular practitioner.

I have not learned the particulars of the case, but it was said the patient died almost instantly after two or three inhalations.

Very truly, &c.,

A. H. STEPHENS, M. D.

Editor's Table.

Serpents in the Dove's Nest.

We have already had occasion to notice a new edition of Dr. Storer's Prize Essay, "Why Not." Although its subject has been amply and frequently discussed in professional circles, in its journals, lectures and essays, yet nothing has so completely excited the attention of the community to the character of the wide-spread and growing crime of child murder. Just now, there is an earnest disposition to consider this grave matter in all legitimate places. The pulpit and the religious press are forcing home the attention of thoughtless sinners, and in the little pamphlet before us we have the appeal of one of our most able and conscientious American divines, the Rev. John Todd. Under the title given above—*Serpents in the Dove's Nest*—Rev John Todd gives two essays or lectures, to his readers: *Fashionable Murder, and the Cloud with a Dark Lining*. The first is a popular exposition of the sin, as well as the danger, of criminal abortion. In the second paper, there is briefly discussed a topic to which the attention of people is only just beginning to be called. It is expressed by our author as follows: "The great fact is, that all over the land, families have few or no children. The cause is, in addition to child-murder, an unwillingness to have children, and the taking of decided measures to prevent it. Very briefly, very pithily, we have the whole matter in its social, personal, and moral relations, discussed. We unite, with others, in thanking Rev. Doctor Todd for such wholesome advice to the people.

University of Louisville.

We have received the Thirty First Annual Announcement of this venerable School of Medicine, giving the catalogue of students for last session, and the Faculty, as at present organized. Some changes appear in the organization: Dr. Henry Miller appears at the head of the list as Professor of Medical and Surgical Diseases of Women; Dr. D. W. Yandell is Professor of Theory and Practice of Medicine. The course for next Winter begins on the 15th of October, and the fees are \$120 00 for a full course. Our readers are already aware that an arrangement was last year

effected by which the Kentucky School of Medicine and the University are merged in one.

New Medical Journal.

Drs. Boring & Gantt, of Galveston, Texas, propose to establish a new Medical Journal, to be known as the *Texas Medical Journal*. The first number is to be issued dating from the first of July. Terms of subscription, \$6 00 per annum.

Nelaton and the Prince Imperial.

We clip the following from a secular exchange: "Dr. Nelaton, the famous Paris surgeon, was paying his farewell visit to the Prince Imperial, who had recovered from his dangerous illness, and was about to take leave, when the child said, 'wait a moment; I have something to give you.' He opened a drawer, and took therefrom the ribbon and insignia of the Grand Cordon. 'It is somewhat faded,' said the Prince, 'for my father has worn it for so long a time.' Nelaton drove straight to the Tuileries to thank the Emperor, who replied, 'Monsieur Nelaton, I can never forget the care you bestowed on my child.'"

Dr. McDowell of St. Louis, and the Convention of Medical Teachers.

Dr. McDowell has issued a pronunciamento, or bull, of characteristic fulmination, against the late Convention of Teachers in Cincinnati. We do not consider it of sufficient importance to reproduce in full or in part; it appears at length in a Louisville newspaper—*The Daily Courier*—which some friend has sent us. and accompanying it, a clever rejoinder by Prof. J. M. Holloway. If Dr. McDowell needs to be responded to all, we think Dr. Holloway has done the subject good justice; but we doubt if the game is worth the ammunition.

Criticising the Sick.

A correspondent of the *N. Y. Tribune*, in describing the peculiarities of a sect of communists having colonies near Oneida, New York, and at Wallinford, Conn., says they employ no physician, for they need none. Once he inquired what were the prevailing diseases. Several were present. A laugh went round. Finally, they said there were none. But if one gets sick he is

criticised. What had he been doing? Did he not know it? He must explain himself, and show what business he had to be sick? Several years ago, the diphtheria got in and killed five or six. They tried ice, and various remedies; then they *criticised*, and that broke it up!

On these occasions the fraternity meet in their public room, and each in turn expresses his or her mind on the subject. We do not doubt that criticism might be very potent in preventing disease.—*Med. and Surg. Reporter.*

Superiority of Man over Woman.

It has long been observed that among people progressing in civilization the men are in advance of the women; whilst among those which are retrograding, the contrary is the case. Just as, in respect of morals, woman is the conservator of old customs and usages, of traditions, legends and religion, so in the material world she preserves primitive forms which but slowly yield to the influences of civilization. We are justified in saying that it is easier to overthrow a government by revolution than alter the arrangements in the kitchen, though their absurdity be abundantly proved. In the same manner woman preserves, in the formation of the head, the earlier stage from which the race or tribe has been developed, or into which it has relapsed. Hence, then, is partly explained the fact that the inequality of the sexes increases with the progress of civilization. To this must be added the circumstance that the lower the state of culture, the more similar are the occupations of the two sexes. Among the Australians, the Bushmen, and other low races, possessing no fixed habitations, the wife partakes of all her husband's toils, and has in addition the care of the progeny. The sphere of occupation is the same for both sexes, whilst among the civilized nations there is a division both in physical and mental labor.—*Lectures on Man*, by Dr. C. Vogt (published by the Anthropological Society.)

Therapeutical Society.

A society under this title has just been set on foot in Paris. In the prospectus it is stated that its object is to successively investigate the various agents of the *Materia Medica* which have been employed from ancient to the present times. It is especially desirous of instituting numerous experiments on animals for the appreciation of the physiological action of medicinal substances,

clinical observation then being resorted to in order to control these and exhibit their true therapeutical action. With this view the Society will not be exclusively confined to medical practitioners, but will also admit into its ranks veterinarians, chemists, and all those who are engaged in experimental physiology. The number of members is, however, to be confined to sixty, viz., forty five Doctors of Medicine, seven Veterinary Doctors, and eight Pharmaciens. The *Bulletin de Therapeutique* is declared the official organ of the Society. The Society starts well as regards officers, viz., MM. Trousseau, Honorary President; Pidoux, President; Gueneau de Mussy, Vice President; Paul, Secretary; Delpech, Treasurer; Gubler, Bouley, and Mialhe, "Conseil de Famille;" Bricheteau, Moutard Martin, and Herard, Publication Committee.—*Med. Times and Gaz.*

Cholera Prize of Twenty Thousand Dollars.

One hundred and ten works were sent this year to the Imperial Academy of Sciences of France for competition. The report is highly interesting, and gives a good idea as to the manner in which the cholera has been studied. The full prize was not awarded; but various amounts have been granted to Messrs. Legros and Goujon, for their experimental researches; to M. Thiersch for his experiments on 104 mice with choleraic dejections; to M. Baudrimont for his atmospheric researches bearing upon cholera; to M. Worms for his essay on prophylactic measures; and to Dr. Lindsay, of Edinburgh, for his experiments on the transmission of cholera by the clothes.—*The Medical News and Library.*

New Medical Baronet.

Mr. Wm. Lawrence, the eminent surgeon, has had the honor of a Baronetcy conferred on him. He has well earned this distinction by his very long and highly valuable labors for the advancement of surgical science.—*Ibid.*

Obstetrical Society and Mr. J. Baker Brown.

The name of Mr. J. Baker Brown, of clitoridectomy notoriety, was stricken from the list of Fellows of the Obstetrical Society of London, at a meeting of the Society on the 3d of April.

Without pretending to question the propriety of the above

decision, we regret to say that we can not compliment the Society on the patience with which they listened to Mr. Brown's defence, or on the order and decorum observed at the meeting. Mr. Brown's expulsion seems, with a large majority of the members, to have been a foregone conclusion, and that they merely attended to record their votes without regard to any explanation or exculpation which Mr. B. or his friends might be able to offer. The frequent interruptions to which Mr. B. and his defenders were subjected, the derisive laughter at their remarks, the impatience displayed to have the vote taken, and the vociferous calls with which the discussion was frequently interrupted, might be tolerated in this country at a political meeting, but certainly would not be at an assemblage of respectable and educated gentlemen met together on such a serious and painful occasion.—*Ibid.*

St. Louis Medical College.

Dr. J. S. B. Alleyne has recently been elected as Professor of Materia Medica and Therapeutics in the above institution, in the place of Dr. F. W. White, resigned. Dr. Alleyne has filled the position of Professor of Materia Medica in the St. Louis College of Pharmacy for several years, and, from long familiarity with the subject as a speciality, is peculiarly fitted for the position.

—[*St. Louis Medical Reporter.*

O. F. P.

Personal.

We learn with pleasure that Dr. F. McArdle has been appointed Professor of Chemistry in the Humboldt Medical College. We congratulate the gentleman on his appointment, and feel assured that the College will profit by the association.—*St. Louis Medical Reporter.*

Medical Evidence.

On the subject of Medical Testimony in Courts of Justice, we find the following interesting remarks by Dr. Finnell before the New York Academy of Medicine:

“Dr. Ordonaux read a practical paper upon the subject above designated, in which he passed in review the various difficulties besetting the medical man upon the witness-stand. He said that most suits for malpractice had their origin in ‘envy, hatred and uncharitableness,’ and that medical witnesses often were un-

successful from a deficient linguistic power and want of self-reliance. To say nothing of a full and abundant knowledge of the subject, others failed to render themselves intelligible to a jury, owing to a too liberal use of technical terms. Again, lawyers are apt to insist on reasons when none can be given; Dr. Winslow, of London, who was perhaps oftener summoned to court than any expert in England, was not unfrequently put in this position.

"Lawyers often exhibit a want of precision and candor in putting questions—neither counsel nor witness understand each other—so that the testimony does not become what was intended, an unbroken chain of cumulative evidence. But on the other hand, experts should bear in mind that they are not partisans, but that, as their duty is to throw light, they are advisers and counsellors of the court itself. Being thus unprejudiced, their opinions can never be unilateral in character.

"Witnesses in these cases do not testify on matters of knowledge, but of belief, as grounded upon the generalization of facts. As to conflicts among experts regarding special methods of therapeutics, the court can make no distinction, but admits witnesses as experts in their own calling, and leaves the decision regarding credibility to the jury. The court thus takes refuge under its own neutrality.

"Experts are not allowed to state their views in matters affecting character, or their opinions regarding conduct; to illustrate, the court has stopped a witness who averred that a brother practitioner had acted dishonorably, such a course being deemed extra professional.

"It is not necessary that the '*skilled witness*' should be engaged constantly in practice, the presumption being that, after having duly collated authorities, he represents the leading opinion. He cannot read from books in court, because the opinion sought is his own; besides, professional books deal only in universal propositions, while every case has a complexion of its own.

"Notes may be used to refresh the memory touching facts, and it is not essential that the script be in his own hand, or made on the instant; if he speaks of them *knowingly*, his testimony loses nothing in value.

"The Doctor dwelt somewhat on the confessions of patients, holding that the only exception to their being privileged commu-

nication, exempt from repetition in court, was in cases where acts, detrimental to public policy, might be conceded. As precedent, he cited a case where a physician was compelled to give evidence that a prescription was sought from him for the criminal purpose of abortion.

"Around cases of insanity there clustered many difficulties—other experts being pitted against him, and when called upon to prove that a party is or is not insane, he cannot be expected to offer what is satisfactory to all. Some questions being incapable of explanation, cannot be answered categorically, *i. e.* by *yes* or *no*.

"Experts should carefully avoid the common error of forming an opinion upon isolated facts, and should not lose sight of the element of contingency. Above all, he should not be entrapped into branching off from his subject, but always keep this fact prominently before him, that fallacies are feints to make an antagonist uncover. Such questions as '*Are or are not wounds of the head mortal?*' '*Is the mind a unit or composite in its organization?*' do not admit of a categorical answer. Upon the subject of insanity diverse opinions will always prevail, according as the cause may be regarded as psychological or somatic.

"Experts may differ about the degree, but not about the fact. Nor can an opinion be based upon the degree of excitability.

The Signs of Age.

But the aged are far more readily pulled down by medicine than the young. An aperient dose which will make a lad more lively than before, will give his father half a week of flatulency; and the blue pill, which was thought to clear the liver of the juvenile *bon-vivant* is sure to promote biliousness in the senile feaster. Those who in advanced years go to the druggist for a calomel purge to clear away the remains of some aldermanic feast, are those most apt to die suddenly of apoplexy, and that which has long been trusted as a valued friend, becomes at length the deadliest of enemies. But there is another point connected with advancing years which we must advert to, tender though the ground may be. There is a time in the life of a woman when Nature sets a limit to her power of reproduction. There are few like Sarah, who become mothers in old age. In man, however there is no such limit. Abraham, we are told, had a family by Keturah after his first old wife was dead; and though the aged

David could lie quietly by the lovely Abishag, at the age of eighty or thereabouts, yet the story runs that "Old Parr" was arraigned at a still more advanced period of his life for having violated some young woman. A wide experience of the world tells that marriages occasionally are solemnized between aged men and young wives, and are sometimes followed by a family, whose paternity is undoubted. This being so, there is a general belief that men carry into years the powers they have in youth, and they consequently try to demonstrate year after year to themselves that no sign of age has yet fallen on them. I once heard, with the most profound disgust, an old colonel of seventy-five say, in a mixed company, that his fourth wife was as well treated as his first, and his tone and manner showed how proud he was of making the boast. A few months only elapsed ere he succumbed to an attack of fever, apparently mild.—*Thomas Inman, M. D., (London Medical Mirror).*

The Lizard Case disposed of.

Our readers will recollect the "Lizard in the Stomach" story which has been going the rounds of the State papers, about a Mrs. Parker of Anamosa. Some traveling doctor persuaded that lady that her sickness was caused by a four-legged reptile in her stomach; and which animal he undertook to destroy. His mode of treatment was medical assassination reduced to a heartless and senseless system. She was to eat salt herring swimming in vinegar, and crackers soaked in vinegar; and was to put on her stomach a poultice of garlic, fish oil and lard, a teaspoonful of which vile compound she had to swallow twice a day. The garlic poultice was to drive the creature up to the mouth from whence it was to be coaxed by a pan of hot milk which the Doctor held in one hand, while with the other he grabbed a pair of tweezers ready to snake the serpent out as soon as he went for the milk. She was allowed to drink nothing but whey, sour wine, and tea made from elder blossoms and chamomile. The second week he allowed her to drink nothing but sour wine, and would not permit her to eat anything whatever. At the end of the two weeks he decided that the snake's head was so large it could not force its way through the throat; and so he determined to kill it. To accomplish this, he gave the woman a tablespoonful each of castor oil and turpentine, night and morning, and said that in twenty-

one days the animal would die. The twenty one days passed, and still the trouble remained; and he explained the non success of his treatment by saying that its skin was so tough the "*acid of the liver*" would not act upon it; and therefore a different method would have to be adopted. And another one was, the following, prepared by his directions and ordered to be worn the whole time: "One pint each of elder bark, slippery elm, flax seed and bran, put in a flannel bag and covered on both sides with *black sheep's wool*." The poor woman's torture finally ended, for she rapidly grew worse, and on Sunday last she died. After her death, and in compliance with her husband's wish and a request made by herself before death, a *post mortem* examination was held in order to determine the matter. This examination developed the fact that the poor woman had merely been a victim of consumption, and completely put at rest the wonderful stories of snake or lizard inhabiting the human stomach. We condense the above statements from a two column article in the *Eureka—Exchange*.

Medical Gossip from "New America."

Mr. Hepworth Dixon's "New America" is a book of books. It deals with those newer phases of life and thought among our Transatlantic cousins which find no parallel in Europe—phases most marvellous, and, to old-world thought, most inexplicable. Mr. Dixon, writing in the midst of what he seeks to unfold, discusses, with admirable large heartedness, the more audacious experiments in religious and social life now being carried out on American soil. He writes with vast knowledge and vigor; and no work has ever appeared from the press which furnishes so accurate and just an appreciation of the colossal social and religious eccentricities which flourish in the United States, and their present and future significance. The publication of Mr. Dixon's work is singularly well-timed. At no period has it been more requisite than at the present that a sound knowledge of the more characteristic tendencies of popular American thought should be disseminated in England. As a contribution to this end Mr. Dixon's book is invaluable. Its topics, as a rule, lie beyond the scope of a medical journal; but here and there among its chapters items of professional gossip crop out, which it will be useful to indicate.

First, there is a brief notice of cholera at St. Louis, which may be profitable to the epidemiologist. The city was "smitten to the heart by panic, such as will sometimes fall upon Cairo and Aleppo in a time of plague." Then a little bit of folk-lore turns up. Hunger compels a recourse to prairie-dog flesh on the prairies. "‘Lord,’ cries the boy at the ranch, ‘you will never eat that Sir.’ ‘Why not? I am hungry enough to eat a Cheyenne.’ ‘Well Sir,’ says the lad, ‘we prairie folks consider the owl, the rattlesnake, and the prairie dog to be all of a kith and kin—the Devil’s own spawn; and that anybody who eats them will go mad.’" The experiment was dared and a delicious allaying of ferocious appetite was the happy result. Next, a hint is given of prairie air, which should be made a note of for the benefit of sundry obstinate valetudinarians. Want of sleep, want of food, want of exercise, bilious sickness, irritating eruptions, all fail to nullify the reinvigorating powers of the prairie atmosphere. "Even with these quick monitors of evil in us," writes Mr. Dixon, "we are every day astonished by the sudden gusts of life which comes with the morning The effect is magical; all pain, all cramp, all languor, have disappeared; the blood flows freely, the lungs act softly, the nostrils seem to open from within, and the eyes appear to cast out sand and dust by some internal force. If we could only now get food, we feel strength enough to defy all forms of pain."

A graphic account is given of the effects of intense cold in the Bitter Creek Country, a valley lying between the two great ridges of the Rocky Mountains, at about the average height of Mons Pilatus. It is the saying of the herdsmen in this elevated district that winter ends with July and begins with August. Whilst traversing this valley many of the mules and oxen are killed by the frost. "Frost comes upon the cattle unawares—with a soft seductive sense of comfort, so that they seem to bend their knees and close their eyes in perfect state of health; yet when the morning dawns it is seen that they will never rise again from their bed of sleep. It is much the same with men: who often lie down in their rugs and skins on the ground, a little numb perhaps in their feet, not miserably so, their toes being only just touched with the chill of ice; yet the more knowing hands amongst them feel that they will never find life and use in those feet again."

Mr. Dixon relates the story of one train-captain who, in a time of trouble with the Sioux, watched his camp all night, sitting on

his pony. In the morning he roused the camp at daylight, but in attempting to draw his feet from the stirrups found the legs powerless. They were frozen to the knee, and after three days' agony the man expired.

Finally, we obtain a hint of the sufferings experienced in crossing the plains, where good water and fresh food are scarce. Mr. Dixon's companion was seized with dysentery. "No meat, no drink would lie on his stomach. His sunburnt face grew chalky-white; his limbs hung feeble and relaxed; his strong physique so drooped that a man at one of the ranches, after looking at him for a moment with a curious eye, came up to me, and said, 'You will feel very lonely when he is left behind.'" Mr. Dixon suffered later. The skin of his hands peeled off, as if it had been either frayed or scraped with a knife; boils came out upon his back; a pock started on his under eyelid; and his fingers had the appearance of scorbutic eruptions. These two diseases, we learn, ravaged the camp of the Mormons during their emigration to Utah; and the loss of life is still very great in emigration trains."
—*London Lancet.*

The Type of an officer.

Lieut H. C. Kemble, of the 2nd Bengal Cavalry, says the *Pall Mall Gazette*, has just set a noble example to his brother officers. When everybody else was dancing and supping and attending durbars at Agra, he threw all his invitations into the waste paper basket, and stopped with his detachment (ten miles away from all the grand doings) till he had stamped out an attack of cholera which threatened to be very serious. Mr. Kemble, on hearing that cholera had broken out among his men, sent off an official request for a doctor, and was himself in camp two hours after the message reached him—eight hours after the first seizure. He at once chose a site for a cholera hospital, burned the ground on which the sufferers had been lying, and removed the whole camp. This he did every third or fourth day, marching always at right angle to his former course, and moving some two miles from his old position. The treatment began on the 5th of November; by the 15th the doctor declared all convalescent; and on the 20th the official report of "all well" was sent in. Mr. Kemble chose high and airy ground; he burned heaps of leaves, all the spare grass from the lines wherever his hospital had stood; he was with the sick three or four times a day: above all, he raised the

men's spirits—they were dreadfully depressed at first—by playing foot-ball with them, letting all who liked shoot over the country, giving prizes for firing from horseback at empty bottles, &c. Lieut. Colonel Jackson, his commander, says: "I have seen Lieut. Kemble behave well in a charge, but I think his conduct even moae commendable." And so do we.—*London Lancet.*

State Medical Society of Kentucky.

At a meeting of certain of the members of this society, held in Louisville, April 2d last, in accordance with an invitation from the College of Physicians and Surgeons, it was determined to revive their organization, and the following were elected officers for the ensuing year:

President, Dr. D. N. Porter; Vice-Presidents, Drs. John F. Lewis and C. L. Jones; Recording Secretary, Dr. Preston B. Scott; Corresponding Secretary, Dr. W. Talbot Owen; Treasurer, Dr. W. H. Newman; Librarian, Dr. J. F. McElroy; Committee of Publication, Drs D. W. Yandell, S. P. Breckinridge and George Beeler.

Delegates were appointed to the American Medical Association, and to the International Congress at Paris; a number of committees were appointed to report at the next annual meeting; and, after transacting a considerable amount of other business, the meeting adjourned, to meet in Danville on the first Tuesday in April, 1868.

Dr. Daniel G. Brinton, formerly Surgeon and Brevet Lieut. Colonel U. S. V., has become an associate with Dr. S. W. Butler, editor *Phila. Medical and Surgical Reporter*.—*N. Y. Medical Record.*

Dr. Martyn Payne, the venerable Professor of Materia Medica in the University Medical College, has retired from the active duties of his chair, after an acceptable service of twenty-five years, and is now Emeritus Professor. His successor, Dr. Wm. H. Thompson, brings eminent qualifications to the position.—*N. Y. Medical Record.*

Vis Medicatrix Naturæ.

A correspondent of the Richmond *Dispatch* has seen in Fluvanna county, Va., a lady, 97 years of age, who, until quite recently, never was sick, and never took a dose of medicine in all her life. She enjoys even now the full use of all her mental and bodily powers.

Home for Little Wanderers.

The foundation stone of the new Home for Little Wanderers, organized by the Howard Mission, has been laid in the Bowery on the site selected. The house is to be eighty feet long and fifty feet deep, and will be large enough to accommodate seven hundred children, and will also contain a hospital for sick children, a day nursery, where mothers can leave their children while at work out, besides having spare lodgings for homeless girls.—*N. Y. Medical Record.*

Sensible Advice.

We recently saw, upon a fence in the interior of this State, the advertisement: *Use Dr. H——'s antibilious Pills*, under which some irreverent wag had written "*and prepare to meet thy God.*"—*N. Y. Medical Record.*

Reviews and Notices of Books,

ELEMENTS OF HUMAN ANATOMY: GENERAL, DESCRIPTIVE AND PRACTICAL. By T. G. RICHARDSON, M. D., Professor of Anatomy in the Medical Department of the University of Louisiana. Second edition. Carefully revised, and illustrated by nearly three hundred engravings.

"What a piece of work is man! How noble in reason! How infinite in faculties! In form and moving, how express and admirable! In action how like an angel! In apprehension how like a god! The beauty of the world! The paragon of animals!"

Philadelphia: J. B. Lipincott & Co., 1867. For sale by Robert Clarke & Co.

We had the pleasure of examining the first edition of Prof. Richardson's *Anatomy* a number of years ago. We hail the appearance of this second edition gladly, because of this evidence of professional appreciation of a clear and satisfactory text book, and more than that, it comes to us as one of the fresh links rebuilding a broken and shattered Union. The book is issued by the well known publishers, J. B. Lippincott & Co., with the usual elegance which characterizes the medical publications of that house, and which are so satisfactory to the medical student and general reader.

Dr. Richardson aspires to present students of anatomy with a pure text book in this department, and does not comprehend any teachings on surgical anatomy, or any special surgical feature, as is attempted by some of the more elaborate and well known works.

The descriptive parts of the text are clear, and systematically arranged, and the illustrations are highly creditable.

As a guide to the student in the lecture room and in his studies in practical dissections, we think Dr. Richardson has done a good service, and we commend his book with confidence and pleasure.

THE MINERAL WATERS OF THE UNITED STATES AND CANADA.

With a map and plates, and general directions for reaching mineral Springs. By J. J. MOORMAN, M. D., Resident Physician at the White Sulphur; Lecturer on Anatomy and Physiology, in Roanoke College, Va., &c. Baltimore: Kelly & Piatt, 1867. For sale by Robert Clarke & Co. Price \$2 50.

Dr. Moorman's book is a wonder of industry and careful compilation. As its title indicates, it gives full notices of all the leading mineral waters in the United States, an analysis of their salts, together with some clever indications of their supposed various therapeutic uses.

The author of this volume is very well known to some of the leading physicians of the West, and to most of those who are interested in the use of mineral waters in the treatment of disease. For more than thirty years Dr. Moorman has given special attention to the investigation of the nature and medicinal applicability of these waters to medicinal purposes. During most if not all this time he has been the resident physician, during the season of resort, at the White Sulphur Springs of Virginia.

Twenty years ago, Dr. Moorman issued a small volume entitled

"Virginia Springs;" subsequently new editions of his little work expanded into "Virginia Springs, and Springs of the South and West;" and finally we have the book before us still farther amplified until the author is justified in assuming the general title of *Springs of the United States*.

To all those who are interested in the therapeutic application of mineral waters—the mode in which they should be administered, the length of time necessary for good results, together with the peculiarities of different springs—the book of Dr. Moorman will be of a great deal of interest.

We find clever Lithograph views of some of the best known watering places. The description of the Ohio White Sulphur—so long in charge of the very clever Mr. Andrew Wilson—and the view of the grounds, will promptly and freshly call up that old favorite visiting place to a great many people in this valley.

The book is well gotten up by Messrs. Kelly & Piatt, of Baltimore, who seem to be new and worthy aspirants for honors in the department of medical book publishing.

NOTES ON THE ORIGIN, NATURE, PREVENTION AND TREATMENT OF ASIATIC CHOLERA. By JOHN C. PETERS, M. D. Second edition, with an Appendix. New York: D. Van Nostrand, 1867.

This is the second edition of a very good little book. We noticed it briefly among the numerous tracts and monographs on the subject which came from the press during the past season.

The observations made by different authorities since the issue of the first edition are embodied in the present. Dr. Peters thinks it well established that the true cholera poison is contained in the dejections—especially the recent rice-water stools—and in the watery vapor which escapes from the patient. He quotes the experiments of M. Robin and Richardson, in support of this view. We incline to believe this opinion is true, though some of the most important experiments of Robin, such as giving the vomit and rice-water to animals, were tried in this city by Prof. Bartholow and Dr. Courtright without effect.

Our author thinks it clearly proven that cholera is distributed over the world by means of ships, persons, clothing, and, in a word, the usual contact of trade and intercommunications. But at the same time he regards the prevention of cholera by disinfection and the like measures of a sanitary nature—that the disease must sooner or later become extinct; and he expresses the opin-

ion that it is "not improbable that Europe and America have already experienced its last epidemic visitation."

Under the head of "Treatment" we find an extended summary of everybody's plan and prescriptions, that appears to us rather calculated to confuse and embarrass, than to inspire confidence by a distinct, positive and clearly enunciated plan of medication. Among others we notice that the views of Dr. Car-Carroll and Dr. Bartholow, of Cincinnati, have a prominent place in the text.

Business Notices and Acknowledgements.

NEW BOOKS—

DIAMOND DICKENS.—We have received the Fourth of this beautiful series of Dickens' novels, issuing from the press of Ticknor & Fields, of Boston. The present volume is "Nicholas Nickleby." The series thus far has been a decided success, and still maintains its attractive character. The price is \$1 50, a volume, illustrated, and \$1 25, plain. The novel announced as next to appear is "Martin Chuzzlewitt."

PAMPHLETS—

EPIDEMIC CHOLERA.—Surgeon General Barnes has just issued from the War Department a large quarto contribution to cholera literature, consisting of a report by Brevet Lieut. Col. J. J. Woodward, Assistant Surgeon U. S. Army, embracing reports from a large number of military stations.

LIGATION OF THE FUNIS.—By A. F. A. King, M. D., Washington, D. C.

To Subscribers in Arrears.

While our thanks are due to so many who have promptly remitted their subscriptions to this Journal, we desire, at the same time, to jog the memory of those who are in arrears. Our list is at this time larger than it has ever been heretofore, and of course our monthly expenses are proportionally heavy. We shall send

out bills as soon as they can be prepared; but, in the meantime, we shall appreciate the favor if our friends will at once forward the money, and receive a receipt instead of a bill.

Advertisements.

This department receives just now important additions, and our readers will have their attention directed to them, and the changes, which will be noticed

MESSRS. BULLOCK & CRENSHAW, of Philadelphia, prepare not only the formulas which appear in their extensive card list, but all new prescriptions for pills and granules which receive the favorable consideration of the profession.

HENRY BRACHMAN & Co. are among the most reliable liquor dealers of this city. Those especially who wish liquors for medicinal purposes, will do well to patronize their house. See changes in their card.

MEDICAL STUDENTS will watch the announcements about these days.

E. FOUGERA, of New York, present a large bill of particulars in their line of trade. Last month we copied an interesting article on *Cod Liver Oil*, which we took from their General Circular. We only allude now to their cards to say that the house is an established one, and their articles are to be had of all respectable Druggists.

DIED :

In Noblesville, Ind., on Tuesday morning, July 2d, 1867, JOHN T. FLOYD, M. D., of Apoplexy, aged 30 years.

A meeting of the regular physicians of Noblesville being called, the following preamble and resolutions were reported:

"In the death of Dr. Floyd, the medical profession has lost a skillful and successful member, and the community in which he lived a highly respected and worthy citizen. A hard student, he was well versed in his profession, and in every respect an accomplished gentleman. He graduated at the Ohio Medical College in the spring of 1866, since which time he has been engaged in

the practice of his profession in Noblesville. The friend of the poor as well as the rich all alike mourn his death. Therefore, be it

Resolved, That, in the death of Dr. J. T. Floyd, the medical profession has lost a distinguished member, and his town and vicinity a useful and worthy citizen.

Resolved, That a copy of the preamble and resolutions be forwarded to the family of the deceased, in token of the sympathy of this meeting; also that a copy be furnished the Clipper of Noblesville, State Journal of Indiana, and Medical Journals of Cincinnati.

H. W. CLARK, Chairman.

E. M. MORRISON, Secretary.

MARRIED:

On the 6th of June, ultimo, at the residence of the bride's father, by the Rev. A. Judson Rowland, J. A. KIRKPATRICK, M. D., and Miss MATTIE EBERSOLE, all of Hamilton county.

Abstracts and Selections.

PRACTICAL MEDICINE.

Palatable Medicines.

On this topic Dr. L. H. Cohen speaks as follows in the *Southern Journal of the Medical Sciences*:

"The various preparations of cerium which have been introduced, are coming fast into favor; they act as sedatives or anodynes, frequently relieving pain and inducing sleep; but their greatest use appears to be in allaying vomiting, especially that observed during pregnancy and 'Bright's disease.' The form which seems to be received with most favor by the profession, is the oxalate, the dose of which is from one to three grains; it is tasteless, and I have never seen it rejected from the stomach, while the effervescent nitrate sometimes is. It is certainly preferable in every respect to assafœdita, which has enjoyed much favor among physicians, but very little, I am positive, among patients.

"Another sedative which has come into some notice of late, is narceine. The preparations of opium and morphia have always had certain objections; among others, that they frequently fail entirely to produce sleep, and even when that effect is obtained, secondary results of a disagreeable, and sometimes injurious na-

ture are produced, such as loss of appetite, nausea, and constipation. It is claimed by M. Linne that narceine is liable to none of these objections; and if it possesses the properties claimed, it is certainly to be recommended.

"If it be considered necessary to administer castor oil, its flavor may be entirely masked, by giving it in a small wineglass, which has been well rinsed with brandy, and adding a little of the spirit, with a few drops of oil of peppermint (or any other aromatic oil) poured upon the surface; the taste will not be perceptible, though the usual eructations will be plainly seen in due time.

"Another method by which both castor and cod-liver oils are now sometimes given, is in the form of jelly; copaiba may, also, be administered in this way.

"I have tried in several cases the method of M. Jeannel, for dispelling the disagreeable flavor and smell of cod liver oil, by agitating it with oil of bitter almonds, but in no one instance have I seen a satisfactory result; the oil will maintain its 'fishy' taste, and its odor completely overwhelms that of the oil of almonds, even when two or three, or even four minims were added to each ounce of the fish oil. I am inclined to believe that the cod liver oil can be dispensed with; the iodides, phosphates, etc., to which it has been supposed, in a great degree, to owe its efficacy, can, I am certain, be given in a much more agreeable form; while the oily matter can find an efficient and acceptable substitute in good fresh buttermilk.

"Ferrated preparations of cinchona are often desirable; but the objections found to most of them are their frequently disagreeable taste, the formation of a bulky precipitate, and also the large amount of alcohol they too often contain. I have employed the following 'elixir' in a number of instances, with marked benefit, and it is readily taken by any patient, however squeamish: R. Ferri et potassæ tartratis, \mathfrak{z} i; acidi phosphorici dil, \mathfrak{z} iii; liq. cinchona cordifol (Battley's) \mathfrak{z} ii; syrupi simplicis, \mathfrak{z} ii; aquæ cinnamomi, q. s. Dissolve the tartrate in two ounces of the cinnamon water, add the phosphoric acid, and then the liquor cinchonæ, and filter from the resulting precipitate (bitartrate of potassa); then add the syrup and sufficient cinnamon water to make the syrup measure six fluid ounces. The dose is the same as that of the glycerole before mentioned.

Cases of Epilepsy with Complications.

There are certain complications of epilepsy which have hitherto escaped the attention of pathologists, although they appear to be by no means rare, and have an influence upon the progress of the cases in which they may happen to be present, inasmuch as their neglect may defeat our other therapeutical efforts, however perseveringly followed. Amongst these complications, Dr. Althaus, in some remarks about the etiology and progress of epilepsy,

mentioned chiefly the occurrence of *hay fever* and of congenital *phimosis* in males.

Hay fever was a form of catarrh in which the symptoms of spasms predominated over those of inflammation, and which was mainly due to irritation of the sentient nerves of the respiratory tract, consequent upon the inhalation of the gasses arising from fresh grass and hay. The nerves suffered more in this disorder than the mucous membrane, for there were often fits of sneezing which lasted for an hour or more with scarcely any interruption, and such urgent dyspnœa as could not be explained merely by the slight catarrhal affection of the air-passages. Hay fever was in nowise a dangerous disorder, but tended considerably to irritate and lower the tone of the nervous centres; and if it appeared in an epileptic patient, it almost always meant mischief, aggravating the attacks if such still occurred, and predisposing to relapses where the attacks had been put down. Being an essentially spasmodic disorder, it was best treated by sedatives, whereby it was generally removed in a very short time. After the symptoms of irritation had subsided, the administration of tonics was usually found necessary.

Sarah S—, aged twenty eight, single, came under treatment as an out-patient on March 21st, 1866. She has for the last five years suffered from epileptic fits, with prolonged loss of consciousness and severe convulsions. The origin of the fits she attributed to a severe attack of small-pox, which she had in the Spring of 1861, and which prostrated her a great deal. She has at present from four to six epileptic fits during the week—some in the day time and some at night. Those which occur in the day are ushered in by visions of large black specks floating about in the air; a sort of faintness then comes over her, which rapidly passes into unconsciousness and convulsions. When she has a night fit she generally dreams that she is falling, and on waking finds her tongue severely bitten, and feels bruised in the limbs. Emotions have no influence on the occurrence of these attacks. She sleeps very badly, and has horrible dreams, especially about the dead. She often suffers from headache and giddiness. Appetite indifferent; bowels habitually costive. She has lost a good deal of flesh lately, and presents a worn and anæmic appearance. She suffers from palpitations of the heart, and shortness of breath in walking, an anæmic murmur is heard over the base of the heart. The catamenia are pretty regular, although pale and scanty; a short time before the period comes on the fits are more frequent and severe.

The patient was put on a course of phosphorus, tincture of henbane and cod-liver oil, under which the attacks steadily diminished in number and severity. The last occurred on May 6th. Her strength and general appearance were then very much improved, and she went on favorably till June 29th, when she was seized with a sharp attack of hay fever, of which she has been suffering every summer for the last seven or eight years. There

was burning in the eyes, catarrh in the nose, a feeling of rawness in the throat, and very considerable dyspnœa. During the day she was obliged to stop in doors and have the room shaded and the windows closed, but she could go out in the evening.

On July 11th, the patient being then very restless and worn out by fits of sneezing and dyspnœa, an epileptic attack occurred, in the day-time, after a free interval of sixty-four days. On the 12th she had another bad attack, during the early part of the night. She was very weak and low-spirited. A draught, containing five minims of the dilute hydrocyanic acid and fifteen minims of tincture of Indian hemp, was then given, in mucilage, twice a day, and the other medicines were discontinued. The distress from the hay fever was now at once greatly diminished, and after taking the draught for four days it quite ceased. No further epileptic attacks took place; and the patient got quite well again under the use of nerve tonics.

She was seen on September 26th, being then in excellent health and spirits, and having had nothing to complain of in the interval. It remains to be seen whether the attacks have finally ceased; yet the prejudicial influence of hay fever on the progress of this, as of other similar cases, is obvious.

Congenital phimosis has been observed in eleven of twenty-five consecutive male cases of epilepsy admitted at the infirmary. That such a frequent complication of epilepsy should hitherto have remained unnoticed can only be explained by the circumstance that epileptic patients seldom come under the eye of surgeons, and that physicians usually neglect to examine the sexual organs. The effects of congenital phimosis on the system are usually quite disregarded, although there can be little doubt that this malformation has a considerable pathological importance. There is always an accumulation of sebum between the prepuce and the gland in such cases, and herpes and balanitis may be the consequence. This irritation often leads to great sexual excitement about the period of puberty, and to masturbation, with all its consequent evil effects; frequent emissions of semen at night may also be traced to the same cause. A variety of cerebral symptoms may then be induced, such as pain in the head, giddiness, noises in the ears, eructations, sickness, etc.; which, where they depend only on this condition, may be entirely removed by circumcision. Whether actual epileptic fits are ever the consequence of phimosis, seem doubtful; yet the propriety of the operation in cases of that kind can not be questioned, as all sources of inflammation should, on principle, be removed in convulsive disorders. Several of these cases which were admitted at the infirmary have been operated upon by Mr. Solly and Mr. Spencer Wells. In no instance, however, have the fits ceased immediately, consequent upon the operation; so that a relation as between cause and effect could not have existed between phimosis and epilepsy. Yet, Dr. Althaus said, it generally seemed as if the convulsive disorder, after circumcision in such cases, yielded more readily to the remedies employed than it did before.—*Lon. Lancet.*

THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

SEPTEMBER, 1867.

No. 9.

Original Communications.

ART. I.—*Tumor of the left Orbit—A Case with Operation and Treatment.* By ALFRED BUCKINGHAM, M. D., Cincinnati.

MISS G. D., from Woodford county, Ill., aged 14, came under my consideration for treatment May 25, 1887. Her general health has always been very good. She weighs 136 pounds, and presents a remarkable rotundity of form, and floridity of cheeks. But while her general health has been regarded good, she was annoyed for several of her earlier years with otorrhœa and chronic nasal catarrh, the latter of which prevails to a mild extent at the present time. Her catamenia began at the early age of eleven, and has continued uninterruptedly to the present time.

She has exophthalmus of the left eye, the organ being pressed outward, downward and forward, and having failed to get relief in her own locality, she came here for that purpose. The eye, by actual measurement, was displaced outward one quarter of an inch, and forward and downward one eighth. There was a marked fullness above the internal canthus occupying the space beneath the internal half of the supra orbital arch. The conjunctiva was clear and healthy, and the tissues about the eye are not in a state of inordinate vascularity, excepting that a few veins running across the front of the tumor are slightly enlarged. and the part shows signs of the frequent application of the fingers of the patient.

512 BUCKINGHAM—*Tumor of the Left Orbit.*

On carrying the finger up along the left side of the nose, in close contact, a hard incompressible tumor is felt a little above and at the articulation of the frontal above, and the maxillary and nasal bones below. This bony ridge curves backward above and below, and presents a rough free surface like the fringe surrounding a round perforation in tough pasteboard forced through with a blunt instrument. This ridge projects about three lines into the orbital fossa at its point of greatest prominence. Passing the finger beyond this, a smooth hard tumor was recognized firmly in contact with the harder ridge, and pressing it upward forward and downward.

This smooth tumor or part of the tumor, though it gave the sensation at first of incompressibility, was found by continued manipulation and study to yield under firm pressure; gave the patient a general uneasiness in the part, and imparted an obscure sense of fluctuation. This tumor, with the natural tissues of the orbit surrounding the eye, displaces the lids and eye forward, outward and downward as above stated. The inner canthus is farther from the median line of the face than its fellow of the opposite side. The bony structures beneath this canthus are more prominent, and the same is the case with so much of the os planum as can be felt. The site of the pulley of the superior oblique is entirely occupied by the tumor, and hence that muscle must be involved or very greatly displaced. No pain has accompanied the formation of this tumor until within the last ten days and during this time the complaint has not been from the tumor, but from the tissues being pressed upon and displaced. But while the patient has not been harrassed with pain, she has experienced a very disagreeable sense of distension, fullness and pressure in the orbit and forehead. No complaint was made of the impairment of vision, and the eye moved about in its new position quite lively.

Preparatory to further investigation of this tumor, the patient was placed upon half-ration; a pill of blue mass at bed time, and the saline draught during the day for three days.

May 28—Found the patient as anticipated when indicating the treatment, and proceeded to explore the tumor. On introducing an exploring needle obliquely backward, upward and inward into the most prominent and compressible point, I was pleased to find a few drops of greyish fluid resembling the natural secretion of the nasal fossa seap out through the groove. The puncture was

now dilated with a bistoury, and on the introduction of a probe, a cavity of the following description was discovered. A small regular opening through the orbital plate of the frontal bone from the orbital fossa to the frontal sinus about the size of a No. 12 catheter. This opening surrounded by the bony ridge before spoken of and about the site of the pulley of the superior oblique, being entered with a curved probe, the point of the instrument was carried upward round the edge of the foramen, and outward one inch and two lines; in the same direction, but more horizontally, one inch and three lines; upward, round the edge of the foramen downward and inward, the point impinging against the septum, high up one inch and two lines; lower down in the same direction, one inch and one line; still lower down and forward one inch and three lines; upward and backward toward the crown of the head eleven lines; backward round the posterior edge of the foramen, and then forward one inch and one half. The probe in this last direction, passed down through the infundibulum into the anterior ethmoid cells, and impinged against the nasal process of the superior maxillary where it forms the anterior boundary of the ethmoid cells; downward in the same general direction, and backward one inch and two lines. The instrument, in this last instance, pointed back into the posterior part of the anterior ethmoid cells. Such are the dimensions of the cavity. The point of incision of the tumor leading to this cavity is one third of an inch perpendicularly above the internal canthus, or about the junction of the second with the third fifth of the diameter of the supra orbital arch (counting from within.) During the process of examining the cavity, its fluid contents came in view, and presented two very distinct varieties, considering their physical qualities.

One, an opaque, white, very tenacious, curdy, tasteless, inodorous substance, very limited in quantity, amounting to not more than one-tenth of the quantity observed. The other, a colorless transparent, slightly tenacious, tasteless, inodorous fluid, constituting almost the entire quantity. The former, like the mucous secretion of the nasal fossa, retained its identity for some time under the influence of water, while the latter easily dissolved or diffused under the action of this solvent. Under the influence of heat, the transparent became to resemble the other in opacity, and both changed from liquids to semi-solids, and under a higher degree of heat, charred and emitted fumes of the odor of those

from burning feathers, albumen, milk or blood. I regard this as a sero-mucous fluid having few or no pus corpuscles or pyine as its elementary constituents. I did not subject it to a microscopical examination, my microscope being out of order and inconvenient and further knowing the similarity of appearance between mucus and pus corpuscles, its use did not promise anything desirable. Bowman, in his small work on medical chemistry, declares the similarity so complete as to defy detection by this instrument of any power. Pus is a slightly yellowish opaque fluid, breaking off in large drops when poured, unless desicated or treated with alkalies. If the former condition had obtained by absorption of the watery element, the fluid would not have lost its yellowish hue, but become more yellowish; and further, it would not have acquired the marked tenacity of the fluid. Pus, rendered tenacious by alkalies, gives a very decided alkaline reaction, which was not the case with this.

The above examination of the fluid having been made, the patient next received our further attention. The opening into the cavity, had we not introduced instruments, and in some degree evacuated its contents, would have been kept patulous by the constantly oozing fluid; but, under the present circumstances, adhesion may take place before the cavity fills, and then another incision will be required. To prevent this we inserted the short, perforated, rounded extremity of a female silver catheter. The concave surface of the curvature resting against the edge of the foramen, and the rounded extremity being a little dilated, the two properties conjointly held the instrument within the artificial opening. Small doses of antimony and salts were ordered to be taken thrice daily. From the knowledge derived from all sources the case was determined to be as follows, viz.:

Closure of the naso-ethmoidal opening; accumulation of secretion; dilation of the ethmoid cells and frontal sinus; encroachment on the orbital fossa by os planum and external plate of orbital part of frontal bone; absorption and perforation of this latter plate by pressure from within; exostosis around perforation, and finally distension of periosteum and subpalpebral tissues, which, with abnormal positions of osseous structure, displace the eye and lids, as already stated. No fleshy substance could be felt giving suspicion of polypus, and in reference to hydatids, we think they cannot exist without giving some resistance to the probe; or, not resisting, breaking down and giving

exit to a non-coagulable fluid, which latter did not occur. This remark is directed to encysted hydatids, but is sufficient also to meet the hypothesis of the whole being one hydatid wall containing fluid and echinococci. The fluid under this latter hypothesis more than in the former case, must be non-coagulable.

May 31.—Called to see patient. No untoward morbid movements have taken place. The tube still remains in the artificial opening, draining away the fluid drop by drop. Some little redness and swelling of the integument has taken place, but not more than should attend the division of tissues in any healthy case. Some uneasiness of the walls of the cavity has occurred, but not enough to be properly denominated pain. This hyper-uneasiness of the walls of the cavity has arisen probably from the irritation of the probe used at previous visit. The incision has supplicated adjacent to the tube, and affords pus having all the usual characteristics of that fluid, so far as are determinable by simple observation. All uneasiness of the eye and adjacent tissues promptly ceased on the exit of the fluid. On removal of the tube and introduction of the probe, the parts, as at the former visit, were remarkably tolerant of the presence of the instrument, although the patient is naturally sensible to pain in other respects, and suffered acutely the excavation of a carious tooth. The patient doing well, the tube was reinserted for the purpose above stated, and the antimonial and saline draught continued. The patient now insists on a prognosis, and justice and policy alike require it to be drawn in the usual way from the course and termination of similar diseases. And furthermore, the presence of the drainage tube above the eye, performing the part of the normal naso ethmoidal* opening, is very wounding to the native pride of my young lady patient. An opening that would terminate at a point obscured from view, as the opening of the antrum of highmore, or the normal opening of the ethmoid cells, would certainly be a great desideratum. This, if situated at an accessible point, would permit injections to be thrown into the cavity if deemed advisable, and affording exit to the fluid, would supersede the necessity of the external drainage tube. Until this is done, it would be quite impossible, in the dim light of reported cases, to give more than a mere conjectural prognosis. If, however, the cavity could be filled up by granulation, or its walls

*I have adopted the use of this compound word for convenience.

so changed that no secretion would take place requiring exit, the case might be brought to a favorable termination after a very protracted treatment, by operating through the present opening. The exact quantity of fluid secreted by the walls of these cavities in a state of health, has not been determined by any physiologists whose works our medical libraries afford. Professor Comegys believes the normal secretion (in the absence of hyperemia) to be no more than sufficient to moisten the parts; and, continuing, instanced eminent authority for the same being true of the lachrymal gland conjunctiva and nasal duct. Now, in both these cases, hyperemia is common, and nature has provided means to prevent disaster from hyper-secretion. There are no remedies known that promise satisfactory results in suppressing forever the secretion of the walls of these cavities under all states of vascularity that may obtain, and therefore that proposition may be at once dismissed. In reference to the practicability of healing the cavity by granulation, opinion seems very much divided.

The result of the contraction of the cicatrix resulting from such a plan, must be a very homely depression at the site of the artificial opening, and further, a result of that kind must terminate a *very* protracted treatment. Having flitted over the above considerations, we will see what authority we can get for the adoption of either of the above propositions. To bring these propositions before the mind more clearly, it may not be improper to restate them. They are, first, to heal by granulation and obliteration of cavity; secondly, to heal by affording an opening from the cavity into the nasal fossa by which the fluids may escape, and the parts be relieved of pressure from within.

As this case has been regarded very rare, we propose to record for future reference in respectable detail the opinions and remarks of authors on similar and kindred diseases. Prof. Gross, in his very voluminous work on surgery, recommends as a proper treatment for abscess of the frontal sinus trephining the anterior wall, affording an exit for the matter, and then the use of anodyne and detergent lotions. Again he speaks of fibrinous and gelatinoid tumors being removed where the bone has been partially or wholly absorbed by a crucial incision, and the subsequent use of the gouge. He further refers to two cases reported respectively, by Langenbeck and Brum, denominated by these writers "hydatids," but which he considers "nothing but serous cysts." After speaking of the cases sufficiently to establish their similarity

with the one now under consideration, so far as their effects on the orbit and structures of the orbital fossa are concerned, he dismisses the matter by saying "the proper remedy is excision." The Professor, in these last cases, must have adopted the diagnosis of the two writers referred to. And if this be correct in so far as they are concerned, the treatment would have no reference to our cystic case. But if this construction is not correct, how much of the cyst must be excised? That alone which protruding through the foramen is rendered accessible, or the whole membrane of the extensive and extended cavities? He certainly could not mean the latter, and as the protruded portion of the sac has readily collapsed since relieved of pressure, the former procedure seems wholly unnecessary. In his treatment for polypus, he may not have closure of the nasal opening, and the polypus being removed and the pressure relieved, the parts may contract, and finally, the hyperemia having subsided, the natural opening prove sufficient for the egress of all fluids. His treatment for *abscess* of the sinus must involve obliteration of the cavity. The opening, in this case, we have every reason to suppose, is closed, and unless subsidence of the inflammation that closed the normal opening should be followed by its re-establishment, it is very difficult to comprehend the manner in which the part would be finally healed. Unless the whole cavity be obliterated by granulation, or the normal opening re-established, we must have, when the artificial opening heals, a cavity unlike any in the human body. In serous membranes we have shut sacs, as instances the pericardium, pleura, arachnoid, peritoneum and tunica vaginalis, but these contain no cavity in health, and are not capable of secreting mucus.

In fracture of the walls of the sinus, the lining membrane becoming inflamed, secretes a curdy fluid which, pouring out through the fissure, has been mistaken for brain by parties unacquainted with the anatomy of the part. The normal opening in these cases not having been occluded, and serving to sufficiently evacuate the part after the most acute excitement has passed, renders the cure very comprehensible.

We will now retire this very invaluable work of Prof. Gross, and inquire of other teachers for a plan that will more certainly promise success. Smith, in his recent work on surgery, of nearly sixteen hundred pages, in his paragraph on "operations upon the bones of the cranium," speaks of trephining the frontal sinus,

but neither in this nor in any other paragraph does he inform us of the diseases of the part, which render such an operation necessary. Erichsen and Syme treat of diseases of the antrum of highmore, but remain silent on diseases of the frontal sinus and ethmoid cells. Miller speaks only of polypus of the sinus, and recommends removal of the bone, evulsion of the polyp, and cauterization of its site.

We will now look to the teachings of ophthalmic surgeons. Jones merely enumerates diseases of the frontal sinuses as causes of exophthalmus and amaurosis. Littell, Dixon, Lawrence and Moon, Macnamara and Williams are alike substantially silent on the subject. These brief and medium works on ophthalmic surgery having afforded negative results, we will pass on to the very voluminous and exhaustive work of Mackenzie. In his fourth section, devoted to diseases of the orbit, paragraph third, comprising diseases arising from "pressure on the orbit from the frontal sinus," this author speaks in his first subdivision of this paragraph of "inflammation of the frontal sinus, ending in collections of matter." After glancing over the anatomy of the part, and enumerating the causes of inflammation and suppuration, he refers us to cases reported by Runge and Richter, and after other remarks, gives a treatment of the early, suppurative, and last stage, in which latter he teaches us as follows, using his own language :

"In this stage there cannot exist any doubt about the propriety of extensively laying open the sinus either with a strong curved knife or a small trephine, evacuating its contents and endeavoring to improve the state of its lining membrane by lunar caustic injections and the like, and then allowing the parts to granulate and heal" Referring to two cases reported by Beer, he uses the following language : "In one instance in which Beer trepanned the sinus, not merely was that cavity restored completely to its natural state, but the eyeball returned to its natural site in the orbit, and vision was restored. In a second case, in which the external appearances were not nearly so alarming as in the former, after opening the outer table, he found, on examining carefully with the probe, that the inner table was softened, and even drilled through. In this case the eye was totally blind, and Beer endeavored merely to check the progress of the disease by an opening through the conjunctiva above the eyeball."

We here obtain additional authority for trephining into the

sinus, and stimulating its lining membrane, and also authority for draining the fluid away by an opening, the external terminus of which pours out upon a remote surface, away from easy observation. No one would think of a trephine in our case, and stimulants are of very doubtful propriety, the lining membrane of the cavity not being pyogenic. The opening into the superior conjunctival sinus would certainly be inadmissible when the eye is in a healthy condition. For, should we lead the fluid into this sinus, we would expose the eye to additional irritation, and as the puncta lachrymalia would probably prove insufficient to absorb the redundant quantity of fluid, epiphora would result, and the case be rendered more complicated than at present.

In his second division of paragraph third, in speaking of "encysted tumors or hydatids of the frontal sinus," he refers to two cases reported by Langenbeck. One of these was probably referred to by Gross, where he says "Langenbeck and Brum each have reported a case," as cases of hydatids, and remarked that had these cases been reported by Runge, they would have been denominated "encysted tumors." Mackenzie thinks one was nothing more "than a collection of mucus, and the other of thick matter." The former appears to be *very similar* to the case under treatment at the present time, and hence it would become us to study its treatment very arduously, and follow so much of it as proved effective in that case and would be pertinent to ours. We will give the treatment of Langenbeck as stated by Mackenzie:

"Langenbeck proceeded to open the swelling 2d of December, 1818, at the place where the tumor yielded to pressure. He divided the integument by a crucial incision. The outer plate of the frontal bone was next opened by a perforator, and through the opening thus made a pair of forceps was applied so as to break away some pieces of the outer table. Through the opening there was discharged a clear lymphatic ropy fluid (this is just like the present case), escaped from a white shiny cyst which filled the whole frontal sinus, and had been penetrated by the perforator. This cyst, or hydatid, as the narrator styles it, was laid hold of by the forceps and partially extracted." Gross could not have drawn his plan of treatment from this case, as this operator only partially extracted the cyst, while he, without qualification, says, as before stated, "the proper remedy is excision." "The sinus was filled with lint," and injected with yellow-bark,

myrrh and corrosive sublimate, accompanied with a general treatment, at first antiphlogistic, and then supporting, as the indications required. "The swelling subsided only in an inconsiderable degree, when the patient left the hospital. In the winter of 1819-20 the patient returned, with the swelling in the same state, and the discharge of matter still as abundant. Langenbeck now passed two setons through the swelling, by which the swelling diminished." We have no reason in this case to infer that the patient was cured; indeed, it would have been quite as easy to have so reported it, as that the "swelling and discharge diminished." We must not fail to observe right here that this unsatisfactory result presented itself at the end of a twelve months' effort of nature, aided by treatment. The muco-purulent discharge must have been poured out upon and flowed over the facial integument all this time, rendering the patient socially considered self destructive. In the other of the two cases, after describing the appearance of the tumor, the writer gives the several phenomena presented in the successive steps of the operation, and finally dismisses the case with the following sentence, viz: "The tenacious substance which was extracted was sufficient to fill a teacup." It would be very gratifying and instructive to know what became of this patient; but alas! the veil is never raised again. The pressure on the orbit must have been relieved, but what became of the frontal sinus and anterior ethmoidal cells? Did they continue, as in the former case, to pour out their secretion, marring the appearance of patient, or did they close from the bottom by granulation, and, the cicatrix contracting, leave nothing but an inconsiderable point? In his third division of paragraph third, devoted to "polypus of the frontal sinus," Mackenzie refers to a case treated by Dr. Wurth. This case was trephined at two points, and a large polypoid substance removed. Dr. Wurth continues his report after the operation, and we get the following scrap of intelligence, viz: "The healing of the part occupied twelve months, the frontal sinus being by that time considerably lessened in all directions, and the eye having partially retreated into the orbit." We are not informed, in the description of this case, whether the naso-ethmoidal opening was closed or patulous. If it was closed, and never opened, we can understand why, by obliteration, it required twelve months to heal.

Having examined the various works on surgery and ophthalmic surgery, with the results above stated, we must, before returning

to our case with our meagre acquisition of knowledge, devise some plan to meet the indications. As before stated, our patient has an opening from the left orbital fossa to the corresponding frontal sinus, and from this through the infundibulum to the anterior ethmoid cells. Inserted into this we have a silver tube for the double purpose of dilatation and drainage. We have no denuded bone nor pyogenic membrane as elementary constituents of the walls of the cavity; but a surface which, from the character of its secretion, might be regarded as quite healthy. Hence there does not exist any indication to treat the case with caustic or severe stimulants unless the principles of the first proposition be adopted. But we have seen that this practice has been followed in the main by unsatisfactory results, and having little or nothing to run from, we may pass on to the consideration of the second proposition with hopes that it will prove, by careful study, a more promising practice. If an opening from the nasal fossa can be effected sufficiently large to drain away the fluid of the sinus and cells, and relieve the pressure on their walls, it would appear that the external opening might be closed at once, and the patient relieved of the embarrassing and unsightly appearance it now imparts. As already shadowed in the few cases reported of diseases of these cavities, it has not occurred to the operators to make an opening connecting these two cavities; and in adopting this practice so far as the didactic works above enumerated teach, we are wholly without authority. In analogous diseases of the antrum of highmore, Smith recommends perforation, of the alveolar process, through the cavity left after the extraction of a tooth, with a trochar, and the continuation of the canula in the opening, to prevent premature closure.

We might, from this, infer that this analogous opening would be a practice more rational than any yet adopted or even proposed, to meet the most immediate pressing indication. Examination of the bones of the face and head seems to discover nothing to forbid drilling an opening either from the nasal fossa up into the frontal sinus direct, or laterally into the anterior ethmoid cells. The operation into the latter would be much the less dangerous, and also the most efficient, owing to its pendency and the comparative brevity of the required perforation. Several medical friends were consulted in reference to this plan, but with rather indefinite results. Some would encourage, and then, taking another view, would turn, and in the next breath discour-

age, and then, comparing their remarks, would glide off into ambiguity, and referring the matter back to me, would gracefully retire from further consideration of the matter, remarking "that if I did adopt the proposed plan, they would be very happy to hear the result."

I must except from the above Drs. Wade, Carey and Court-right, the latter of whom laid me under lasting obligations for material favors conferred in affording the several specimens of the required part of the skeleton for examination, and in strengthening me in arriving at the same conclusion, from their examination, that I did. The naso-ethmoidal perforation having been determined upon, we will now enumerate the instruments deemed necessary to carry the work forward to a favorable termination. They were: first, an ophthalmoscope; second, a nasal speculum; third, an improved probe; fourth, four sizes of drills borrowed from a case of dental instruments. The ophthalmoscope was procured from an ophthalmic case of surgical instruments. The rhin scope was made by cutting away the small half of an aural speculum and polishing the small end of the remaining part. The improvement of the probe consisted of an attachment of wood, mounted with sights to the outer end, so arranged that the position of the point of the instrument within the cavity would be unerringly indicated by observation of the sights upon the armament. The largest drill entered the test ring of a No. 5 catheter, and the smallest was not more than the one-fourth of a line across the point.

Being thus equipped, we repaired to the presence of our patient June 2d, 1867. We found her doing as well as we could have expected. She had no horror at the sight of blood, nor overwhelming nervousness when contemplating pain, but calmly awaited the operation with a fortitude and resignation rarely accompanying one of her early years.

OPERATION.

The patient was seated convenient to a flood of light. The rhinal speculum, with external surface lubricated with sweet oil, was gradually pressed into the anterior opening of the left nasal fossa. The ophthalmoscope was so held by an assistant as to throw a pencil of convergent rays through the speculum into the nasal cavity. The schneiderian membrane being illuminated, the point of the nasal surface of the ethmoid previously selected was

carefully noted by observing its relations to adjacent parts. The improved probe was now introduced into the cavity through the external opening, and its point carried downward to the most anterior dependent point. This point was found to be perpendicularly below the internal canthus. By rotation the bent point of the instrument was found to sweep over a concave surface about one-third of an inch in diameter. The location of the point of the probe having been carefully studied, a direction was determined upon that seemed sure to terminate at that point. The smallest size of drill was then passed through the speculum and pressed upon the nasal plate of ethmoid a little above and behind the anterior extremity of the middle turbinated bone, and made to catch into the oblique surface, and by a careful observance of the direction determined upon (upward outward and backward), and a rotary motion with pressure, the osseous tissues soon gave way and allowed the instrument to pass. By a little manipulation the drill was made to move the probe and give satisfactory evidence that the desired object had been accomplished. This opening was too small for the free egress of the fluid, and hence would not subserve the desired purpose. The several gradations were then respectively introduced, and as the opening dilated, the fluid passed freely.

Warm water thrown into the sinus above passed freely down into the nasal fossa, and thence into the pharynx. The patient was now allowed a short respite, after which the tube was reinserted into the opening above, that we might with greater facility use injections, should they be deemed advisable.

The artificial nasal opening was kept from closure by a short piece of No. 3 gum catheter, armed with a thread, to prevent accident by being lost within the cells. The antimonial and saline draught was continued, and the friends requested to report promptly if any untoward symptoms should supervene.

June 5, 1867—Called to see patient. All had done well up to last evening, when elastic catheter came from the artificial nasal opening. This elastic catheter was difficult to retain; its calibre was too small and its action generally unsatisfactory. An instrument of the following description was consequently inserted: It consisted first of a globe perforated a little to one side of the center; flattened by the approximation of the two perforations two-fifths cut away by incision parallel with the short diameter of perforations, cutting away the segment of globe between the perfo-

rations and nearest circumference, and closure of the open space thus left by a thin oval plate. Second, of a piece of No. 5 silver catheter, slightly bent near one extremity, and inserted by the other into and merely through the globe to which it was attached by friction, thus permitting revolution if it should be desired. The slightly bent extremity extended one inch from the globe. Third, of a silver wire bent upon itself at one extremity and sharpened at the other to pierce a small perforation in the plain plate of this globe not mentioned in the description of that part, but reserved for the present.

The instrument is inserted by introducing the free bent extremity of the tube into the artificial nasal opening, and resting the (segment of a) globe on the floor of the nasal fossa, with its flat surface looking forward and inward. To prevent the globe from coming forward over the opening, and falling out, the wire was inserted into the perforation, while its other extremity extended forward, and curled around to fit the little fossa within and in front of the nasal opening.

This instrument was tolerated very kindly for several days, when an accident occurred that brought on a paroxysm of sneezing, in which it was expelled. It was hoped that the opening would not require its presence longer, and the patient and friends were counselled to allow the matter to rest. This happy result was not realized, however, for in eight days the secretion had reaccumulated, pressed upon and ulcerated through the site of the external opening. This opening, I forgot to state, was relieved of its tube on the insertion of the nasal instrument, and allowed to heal, which it did very readily, while the fluid escaped to the nasal fossa. It was not easy to understand why the opening closed so readily, and retained the pituitous fluid to the great extent of ulcerating away the partially hardened cicatrix above. Might not the drills, in passing through obliquely, have raised a valve on the inner surface of the wall of the cavity. This query might at first be answered in the affirmative; but when we remember that the fluid flowed freely at first, we are forced to accept this explanation at least with reluctance. A more acceptable explanation to me, and one in greater accordance with the facts observed in the case, was the closure of the opening by dense, tenacious, schredy mucus. If the question should arise, why did the ulceration take place above rather than below? I should have to satisfy the inquirer with the answer that the bony opening

above is much larger than below, and therefore affords less protection to the soft parts stretched across it. I wish some one would explain on physical, physiological or pathological principles, why the thick external lamina of the orbital plate of the frontal bone disposed in the form of an arch, with the pressure on its periphery directed toward the center, should yield rather than the thin nasal plate of the ethmoid disposed as a plane with the same pressure exerted against it? But enough of this. A longer tube and wire was procured, and the instrument thus improved, was reinserted. Salt water, thrown into the external opening above, passed down as before. This tube was allowed to remain with the necessary attention from the 21st of June to the 23d of July. The external opening healed without delay, and the comparatively soft portion of the tumor has shrunk to a very perceptible extent.

Chloride of sodium in solution was injected up through the tube, and as the syringe contained small bubbles, the cavity gradually filled with moist air. The hollow condition of the cavity was determined by percussion. This diagnostic test applied over the comparatively soft part of the enlargement, discovered a cavernous sound.

Injections were given after this discovery with the head lower than the shoulders, so that the fluid would gravitate into the sinus. If any lagging idea of hydatids or polypus should remain with any one, this hollow sound is well calculated to dissipate it.

July 27—The patient is doing well. No evidence is afforded of the reaccumulation of fluid. The general orbital fullness is regarded by all as in a state of subsidence. Nothing is seen of the external opening but an insignificant cicatrix surrounded by cloudy integument. General health good.



ARTICLE II.—*Criminal Abortion.—Why Not?* A Review of Dr. STORER's Book. By D. A. MORSE, M. D., Midway, Ohio.

THIS little work, though issued some months ago, and deserving of attention, has, it is strange to say, found its way into the hands of but a small part of the profession. The importance of the subject, and the frequent references made in late numbers of medical journals to this work of Dr. Storer, will be our only

apology for presenting in a brief article a synopsis of the work, with such additional matter as may be suggested by its perusal.

At a meeting of the American Medical Association held at New York, in 1864, it was, after mature deliberation, decided to issue "A short and comprehensive tract, for circulation among females, for the purpose of enlightening them upon the criminality and physical evils of forced abortions."

This called forth the essay of Dr. Storer, of Boston, to whom was awarded the gold medal for the year 1865, and which is the subject of this paper.

There are those, perhaps, who may suppose that physicians in advising that pregnancies, once begun, should be allowed to go on, are actuated by a selfish motive. On the contrary, it will be shown that miscarriages are often a thousand fold more dangerous in their immediate consequences, and, therefore, more decidedly requiring medical treatment, than the average of natural labors; that they are not only frequently, at the time, much more hazardous to life, but to subsequent health—their results in some instances remaining latent for some years, at times not showing themselves until the so called turn of life, and their giving rise to uncontrollable and fatal hemorrhage, or to the development of cancer or other incurable disease.

It is the duty of the physician to prevent disease as well as cure it. Would women listen to the appeal made to them, not only in this work, but by every honest practitioner, when solicited to commit child-murder, even at the expense of his business, the lives of thousands would be saved, and the health of a vast multitude guaranteed.

It is but recently that professional men have crossed the line drawn between duty and crime—have surmounted the barrier which has been allowed to stand for many centuries, and have attempted to force home to the hearts—to the consciences of women, a question of so vital importance morally, socially and politically.

To women, how important the topic! It affects directly their health, their lives. It concerns their discretion, their conscience, their moral character, their peace of mind—for cases of insanity resulting from the physical shock of an abortion are not uncommon. It involves domestic happiness, the matron's own self respect; for where conception or the birth of children is prevented marriage becomes at once legalized prostitution—a sensual and

not a spiritual union. The experience of every physician confirms these premises. This evil, engendered by ignorance, in part, and carelessness, and that both physician and community are in a measure accountable for, must, by the ready co-operation of both be suppressed.

What has the physician done to foster, and what to prevent, this evil?

What has been the part of physicians in this great tragedy, wherein so many women have been chief players? Have they given sanction to this barbarous crime? Have they *discountenanced it*? Mankind turns to them for advice, counsel, assistance, protection.

From time immemorial such have been the passions of men that to give rein to unbridled lust, with a total disregard for the products of their extravagance and selfishness, has existed in all classes and grades of society as an abomination crying unto heaven for redress. This in the main may be said to be confined to savage tribes, or nations as the Chinese. These nations, without the knowledge of civilized communities, and with a redundant population, seek relief in the slaughter of their children. That this has been occasional in our country the record of courts attest; infanticide being though much less frequent than the crime of abortion, partly from the light regard placed upon foetal life, and the repugnance shown to take the life of a human being *known* to have an independent existence.

Some ten years since, this matter was taken in hand by a physician much interested in the diseases of women, the younger Dr. Storer, of Boston, who acknowledged that to his father was due the initiating of the anti abortion movement in New England. Prof. Hodge, of Philadelphia, had commented in his lectures upon the subject, and one or two in Europe had attempted to rouse the profession to a sense of the real value of foetal life. The subject also received attention from Dr. Whitehead of England, in a treatise upon abortion and sterility. In investigating the cases of disease, in the better classes that came under his care, he ascertained that a very large proportion of them were directly owing to a previous abortion, frequently intentionally produced. In 1857 the American Medical Association, at its meeting at Nashville, appointed a committee to investigate the crime, with a view to its suppression. Dr Storer was appointed Chairman. This committee reported at Louisville in 1859, and the measures

proposed being supported by a boundless scope of evidence, were unanimously indorsed by the Association. Since this time the Profession have been awake to the interests of the subject, and those mercenary wretches, of whatever standing in the profession, who, for filthy lucre, would stain their hands in blood, have been, without exception, denied fellowship, and have been expelled from all professional association. The old Hippocratic oath pledged each pupil of the father of medicine never to be guilty of the crime of unnecessary abortion. It is true that while physicians have held sacred the life of the fœtus, and have protested by resolution, as at Louisville, in 1859, they have not at all times placed importance upon the preservation of fœtal life sufficient to remove them from censure. There are instances in which it is necessary, to preserve the woman's life, as cases of dangerous organic disease, insanity, epilepsy, general ill health, where there is a chance of saving maternal life; but for all these there can be but one answer—that abortion, however it may seem indicated, should never be induced by a physician upon his own uncorroborated opinion, and in a matter so grave, affecting, with his own reputation, the life of at least one, if not of a second, human being, every man worthy of so weighty a trust, will seek in consultation a second opinion. The law provides that, for the seclusion in a lunatic asylum of a patient insane, two physicians must attest the patient's condition. What a multitude of beings might be saved yearly if laws sufficiently stringent were enforced to regulate equally this question.

III. What is the true nature of an intentional abortion, when not required to save the life of the mother? There are those who are influenced by morality and religion. To these the question, in a moral point of view, is unanswerable. A child *in utero*, of whatever age, is possessed of vitality.

"To extinguish the first spark of life is a crime of the same nature, both against our Maker and society, as to destroy an infant, or child or a man."—Percival.

More than two hundred years ago the same sentiment was expressed. "It is a thing deserving all hate and detestation, that a man in his very original, whiles he is framed, whiles he is enlived, should be put to death under the very hands and in the shop of nature."

Human law has at length arrived at the same conclusion, in part, that "quick with child, is having conceived;" and higher

law may yet be added, which teaches that "the willful killing of a human being at any stage of its existence, is murder."

Every woman knows that abortion or miscarriage is the premature expulsion of the products of conception. It is not as well known at what period of uterine life the fœtus is endowed with vitality.

It has been ascertained that all animal life originates from an egg (ovum), though some animals produce living beings sufficiently matured to enable them to provide for themselves (viviparous), others require a period of incubation to develop their productions into this condition (oviparous). It is unnecessary to introduce any of the biological doctrines that pervade science. The first impregnation of the ovum, whether in man or the lower animals, is the birth of the offspring to life. Its appearance in the world is a matter disposed of by nature, and regulated by her own laws. It affects in no way the question of morality concerning its destruction. Many women suppose that, until quickening, the child is without life. Many women *never* quicken. Some quicken earlier, others later. This is but the sensation produced by the first movement of the child of which the mother takes knowledge, as well as the escape of the womb from the lower regions of the pelvis to the abdomen. That the motions have continued long before this has been proved by Dr. Simpson, of Edinburg. In this early period of pregnancy, sounds conveyed to the ear evince life and motion. In the majority of instances of abortion, the act is committed before the period of quickening. Many have confessed that they have destroyed life long after they have felt the child leap within their womb. Some suffocate them after their birth. Wherein, among all these criminal, exists any difference in guilt?

IV. The inherent dangers of abortion to a woman's health and to her life: Many suppose that a woman can not only throw off willfully the products of conception without moral guilt, but with impunity as regards physical relations. This is a fatal error.

1. A larger proportion of women die during, or in consequence of an abortion than during, or in consequence of childbed at the full term of pregnancy.

2. A very much larger proportion of women become confirmed invalids for life; and,

3. The tendency to serious organic diseases, as cancer, is rendered much greater at the so-called turn of life, which, for good

reasons, has been regarded as the critical period of a woman's life.

(That much of this is true cannot be disputed; but that cancer ever was produced by abortion cannot be for an instant claimed without perverting well established principles of pathology. I do not wish to discuss the nature and pathology of cancer. A few general assertions are alone sufficient to disprove this assertion. *Thousands* annually suffer abortion; some many times during their life. A great portion of the married female population have at some period of their lives, suffered from abortions.

Of these many thousands how few have become the victims of cancerous disease. Women are subject to the disease in a ratio to those of men as 3 to 1; or, according to the registration of England for five years, they stand as follows: Women, 8,746, to 2,916 males. Of these with females, the greater part are located in the *mammæ* or the uterus. Of the 8,746 a little more than 3,000 were of the uterus.

Dr. Walshe has shown that the deaths from cancer go on increasing steadily from youth to the 80th year. The development of the disease is seen to be coincident with many *natural* changes the patient undergoes.

Percentage of cases of carcinoma uteri, occurring at different ages, (from Simpson's Lectures)—The table of Prof. Kiwisch, of Wurzburg:

From 20 to 30 years of age.....	88 cases, or 17 per cent.
" 30 to 40 " "	121 " 23 "
" 40 to 50 " "	219 " 48 "
" 50 to 60 " "	40 " 8 "
" 60 to 70 " "	20 " 4 "
Above 70 " "	1 " 0.1 "

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Mad. Boivin has reported 12 cases under 20 years of age.

The tables of Berket, M. Lebert, Humphrey, Lowe, Paget, Wardrop, Langstaff, Baring, Bruck, Bennett, Sedillot and a host of others, attest the correctness of the tables given.

It has been generally supposed that the cessation of the menses was the signal for development of cancer of the uterus.

Dr. Guy's tables give as a result of observation that a large number of women give signs of the activity of cancerous growths previous to the cessation of menstrual discharge.

According to good authority *less* than one-sixth *cease* to menstruate *previous* to the discovery of cancer. While statistics

prove that at this period of life the development of cancer is more marked, they do not prove that the cessation of menstruation affects more than its continuance the development of cancer. The changes the female undergoes, the diminished vitality and consequent lessened nutrition favors much more the tendency for development.

Regarding it as a constitutional, and not a local disease, I cannot regard it as the product of abortion. I can furnish a large number of cases in which the uterus has proved so irritable that abortion invariably resulted early in pregnancy, and yet cancer has never been developed. I have under treatment at present a lady now advanced in life, who has never borne children. She informs me that she always suffered intense pain during menstruation, and that, though in early life frequently pregnant, she never carried the foetus beyond a few weeks. The system undergoes degeneration, and force is impaired beyond a certain time of life. There can be no question that with most of these cases of cancer which remain latent till this period, that in very early life they could have been observed. With how many cases of cancer are we familiar in which cancerous growths of various parts remained latent for years. I can call up in remembrance our old Postmaster, who, as far back as the dawn of my existence, had nursed for years a red spot upon his cheek. This for forty years never changed its appearance. Suddenly it sprang up to new life, and a few months witnessed the destruction not only of much of his face, but his life. Suppose in a similar case the patient was a female, would the "turn of life" have affected in any way the result? Suppose the cancer one of the uterus and that she had suffered abortion; would this have been sufficient reason for supposing that abortion produced it?

I do not wish to multiply words or extend further a consideration of the subject. I am of the opinion that where cancer is about to be developed, that whether she has or has not suffered abortion, will not change the issue. I do not believe that it can be prevented from forming, though irritation may hasten its development.

It is not proved that cancer develops one day sooner in a female that has suffered abortion than with one who has not. It is not shown that with young ladies *this has been the cause of the disease*. It is not proved that it is developed earlier with women than with men.)

During pregnancy all the energies of the mother are directed towards the nourishment and protection of the fœtus. A wise provision of Nature secures sustenance, and also, at full time, provides for the birth of the child and the security of the mother. At full time the separation of the placenta is a normal one. The reduction that takes place in the size of the uterus is also determined by nature's laws. The sympathy existing between the breasts and the uterus determines the supply of nutriment for the child at full time.

To produce abortion, frequently the life of the mother is sacrificed before the event transpires. Powerful agents are used that produce violent effects—frequently intense congestion of the uterus, with uncontrollable hemorrhage. Many measures resorted to are not certain of success, though fatal to the mother.

(While living in Portage county, Ohio, I learned frequently of abortions produced by the husband inserting into the uterus a common *maple pen holder*, which ruptured the membrane, and in due time their contents escaped. This is carried on in that county extensively. A man visited me one morning, and stated that his wife was a few weeks advanced in pregnancy; that he had three children, and desired no more. I lectured him on the immorality of abortion; advised him to let his wife go on to full time. He stated that he had been trying to insert a pen holder in the uterus, "but did not believe he had hit the right hole!" He left with my advice, but in nowise convinced of the nature of his crime. As a year has now passed, and his wife has never been delivered at full time, he must have accomplished his purpose.

Frequently, when solicited, I have been informed of various expedients made use of, but which have failed. In one instance I was requested to commit child murder after several attempts had been made and resulted only in failure. The man was married, and had an excellent wife and family. The woman was also married, her husband being absent. As a stimulus, \$350 was offered, after several smaller bids. I labored hard to convince the man of the offense, but without effect. I told him that I would as soon kill the child five months after birth as five before. It was produced by some irregular practitioner, who brought forth labor by using a syringe, injecting cold water into the neck of the uterus.

In a medical society, not a thousand miles from here, a practitioner stated that when consulted on this subject he had refused

to operate, but had frequently advised that they use a syringe.

It is by these men who, though they refuse to take life, yet furnish the means and advice, that this practice gains ground.

Many lives are lost annually by the inefficacious means used. Frequently the fœtus may be retained with the membranes partly detached, and fatal hemorrhage result.

(In one case of this kind, in which the female had advanced five months, abortion was proceeding. Considerable hemorrhage had taken place. The os was opened a little, and blood was flowing freely I administered 2 gr. doses of opium every hour. Advised the patient to keep quiet in bed. After taking three doses, all signs of active labor ceased. Blood ceased to flow upon the application of cold, though this increased muscular contractions. The female was narcotized fully. She carried the child two months more, when the same state of affairs were presented. Matters seemed more urgent. I gave at once one grain of morphia. Labor ceased, as did also the secretion of urine. Warm baths, spts. eth., nitrosi, &c., restored the secretions, and at full time she was delivered of a well formed boy.

In one other instance I arrested the process going on, after the patient had suffered loss of blood until it had produced fainting. This had been produced by pills "that must not be taken during pregnancy." Subsequently this woman had another abortion induced, which terminated her life. I was called in too late to arrest hemorrhage.)

To the child external violence frequently is most hazardous—limbs have broken, hydrocephalus, epilepsy, and a long train of evils. To the mother the most serious consequences may follow. Not only death, but a subsequent life, than which death would be far more to be preferred. In many cases *wounds* are produced by ignorant persons who know not the relation of parts.

In thirty-four cases of criminal abortion reported by Tardieu, where the history was known, twenty-two were followed, as a consequence, by death, and only twelve were not. In fifteen cases induced by physicians, not one was fatal. These were cases induced by necessity.

Death does not follow of necessity, rapidly. The direct consequences vary. Should the woman survive these immediate consequences, no matter how excellently she may have seemed to rally, she is by no means safe as to her subsequent health. If a fragment remains of the product of conception, it may serve

as an irritant, or may produce metritis, peritonitis, phlebitis or pyæmia. Uterine displacement may be an ultimate consequence of abortion. The severe neuralgic pains of the head, stomach and uterus, following abortion, are familiar to every practitioner.

The persistent anæmia, nervous depression, ulcerations, deranged stomachs, hysterical manifestations, and a long train of evils pronounce the decided effects resulting from direct causes.

After abortion, as after delivery at full time, the uterus is congested. In the latter instance, nature provides for the relief this condition; in the former permanent congestion and enlargement often result. Inflammation may produce adhesions, varying in situation and extent.

V. The frequency of abortions, even among the married, intentionally produced:—

All are familiar with the fact that the standard size of families is not, on the average, what used to be seen. Instances are rare where an excess over three or four children exist. One solution alone can be afforded: Either pregnancy has been prevented or the product destroyed. It has been proved that in one State of the Union the excess of births over deaths was wholly due to foreign origin. The native American population does not increase in accordance with the increase of population of foreign origin. The influx of immigration adds to this diminished supply, and prevents a diminution of the total population, which would not be the case were the increase of population to be wholly dependent on American born citizens. (The article in the *Medical and Surgical Reporter* of Philadelphia, upon the census of New York, published early in the present year, furnishes further evidence on this point. The relation of increase in the country to that of the city is also well illustrated.)

Abortion is more frequent among Protestant than Catholic women. The Romanish ordinances have saved to the world thousands of infant lives.

Abortion is more common in the earlier months of pregnancy than in the later months. *Forced* abortion is more common with subsequent pregnancies than with primary. (Abortion without being the result of violence is no doubt more frequent with newly married than in subsequent life. Sexual excesses frequently produce abortion with those unaccustomed to indulgence. This is frequently carried to such extreme length that for four or five years after marriage the foetus is carried but a few weeks.)

A woman who has never been pregnant does not, as a rule, conceive as readily as one who has been impregnated. Intercourse is more likely to be excessive in such cases, producing acute or subacute inflammation of the cervix uteri, and consequent sterility, as is so constantly observed in prostitutes, very many of whom, on ceasing their trade, accumulating property, as in France, or as in England, being sent to outlying colonies, becoming married, at once fall pregnant.

(The frequency of inflammation and ulceration is very great, if the evidence furnished by Dr. West is correct. He has shown that with 62 women, more than half exhibited a healthy uterus, or 29 diseased to 33 healthy; none of these died of uterine disease; 19 of these were virgins. This condition is frequently the result of functional disorder, as there is no disease of mucous membranes elsewhere, resulting from functional disturbance. Many of these are slight. The author differs also from the views of others concerning the frequency of ulceration, &c., among prostitutes. Dr. West says: Observation, however, seems to show that, be the causes of ulceration of the os uteri, of inflammation, hypertrophy, and induration of its cervix, what they may, sexual excesses, at any rate, have no great share in their production.

Four years ago, being anxious to satisfy myself upon this point, by permission of Mr. Lawrence, I examined 40 women in the venereal wards of St. Bartholomew's Hospital. Of these 40, 18 suffered from gonorrhœa alone, 10 from gonorrhœa and syphilis, and 12 from syphilis. No selection was made of cases. Of 27 instances the os and cervix were absolutely healthy. In 10 the ulceration was a mere excoriation. In 3 the abrasion was more extensive. These facts prove no more than this: that the effects of local injury have been over-estimated.)—*West on ulceration of os uteri.*

VI. The excuses and pretexts that are given for the act:—

One instance has already been given—ignorance of the nature of the act. Ill health has been frequently given as an excuse, but, as it is already shown, abortion cannot relieve this, and increases the risk of life. The fear of child-bed is no excuse. Pain can be mitigated by anæsthesia. One doctrine instilled by popular lecturers is that it is detrimental to a woman's health to bear children beyond a certain number. Another is that the fewer one's children the healthier they will be, and the more worth

to society. This is erroneous. Many nations, the most powerful and warlike, destroy their children by neglect and exposure, who are unable to endure hardships; yet these nations are not distinguished for force of intellect or genius.

VII. Alternatives, public and private measures of relief:—

It may be asked, is there no exception to the general rule? Cannot women have some freedom of choice? Cannot she be allowed to judge for herself in this matter? This can only be answered in the negative. Personal consideration, pleasure, ease, mental depression, may bias her mind and render her unfit for the exercise of reason. Is there no alternative but to bear children? This is the end for which woman was designed. In it she finds the safeguard for the preservation of mind and body for length of days. The great social evil, prostitution, may thereby be encouraged. Husbands seek relief from the chances of pregnancy in the visit to the brothel. Woman is deserted for woman. Many a home is made desolate by the vices engendered through fear of conception. Again, where full and free connection is denied, great turmoils and broils are often created. For the preservation of tender regards and confidence, connection must be, in the majority of instances, possible. The man, once kicked out of bed by his wife, ever after prefers enjoyment that is not likely to be interfered with. However severe or powerful the condemnation of illicit intercourse, to a greater or less extent it will always take place. It is impossible to raise the standard of public morals to such a height that it will be no longer practical. When well arranged foundling hospitals are provided, and more efficient means of preventing the sacrifice of human life, the surest preventive will be presented for keeping a woman from this crime of child murder. How much better to provide for the innocent victims, than to permit the so frequent destruction of the offspring, and the degradation and destruction of the mother. When will society condemn *man*, and not degrade woman, who has been led astray?

In presenting a summary of the work of Dr. Storer, I have endeavored to do no violence to his text, and have, as far as possible, used his language. For the sake of brevity, in many instances, I have varied the manner of expression.

The work, as well as the author, deserve the attention and well merited regard of the profession. The subject is pregnant with importance, and deserves the consideration and earnest labors of every well meaning practitioner.

Editors of journals, newspaper editors and divines are at last discussing the subject; many valuable productions are appearing. The profession should endeavor to enforce a full consideration of the subject upon their patrons who may from time to time consult them on this subject. The effects of abortion alone are serious, and in cases where deliverance is imperfect are often most disastrous.

The paper of Dr. Duncan, of Edinburgh, (*Edinburgh Medical Journal*, 1863,) is worth a perusal.

Dr. Burns in his article on abortion gives a consideration of the effects of imperfect deliverance in abortions. M. Hegar has written a monograph upon the retention of the entire ovum of the placenta or a portion of it. This he has made a special study.

Want of space prevents a due consideration of much that might be presented.

Dr. Whitehead has added much to the knowledge of this subject. His labors show that while with the wealthy pregnancies are less frequent than with the poorer classes, abortions are far more frequent.

	Aver. Age.	Aver. of Pregnancies.	Aver. of Abortions.
Indigent class.....	30.36.	5.20.	.53
Wealthy "	30.50.	.483.	.56

The highest rate of mortality takes place with the human product during its early existence. Thus of 452 cases reported by Dr. Whitehead as having occurred at St. Mary's Hospital, 275 occurred during the three first months of pregnancy; 147 between the third and sixth, and 30 during the remaining months of pregnancy. He asserts that of 2,000 elsewhere recorded, that the results are so nearly the same as to give but a fraction for a difference.

In the same space of time of the 452 abortions there were registered 115 *premature* births—32 in the seventh month, 55 in the eighth, and 28 in the ninth; 85 were born still, 30 living at birth—of whom 4 lived but one month. Thus, for every premature birth there are four abortions. And taking the progressive order of pregnancy for the three periods given above the ratio of immature births will stand 16—4—1.

Applying these considerations, we have 43,752 still born children in France in 1858; 20,000 were premature; and by the above estimate the whole number of abortions would have been

1,280,000, against 969,343 live births. (*Med. Times and Gaz.*, Dec, 1862.)

When we consider the infinite number of abortions can we wonder at the frailty of woman. Can we be surprised at the multitude of her ills.

ART. III.—*Aphasia*.* Read before the Academy of Medicine, by C. G. COMEGYS, M. D., Professor of Institutes and Clinical Medicine, Medical College of Ohio.

APHASIA is a new name in the nosological scale, and it is a disease of remarkable interest, for it indicates a loss of speech. Not the loss of voice or of ability to make sound, nor a loss of articulation owing to paralysis or ataxia of the muscles with which words are formed, for both the voice and the apparatus of articulation may be perfect: but a loss of memory of the words that ordinarily express ideas. With this loss to utter the proper word for the idea, is also usually associated the inability to write the proper words; and, in some cases, the gesture is also as much at fault in conveying the idea that occupies the mind. We have, therefore, in the completest forms of aphasia, amnesia or want of memory, for the proper use of articulate or written words, and of gestures to express the thoughts of the mind.

Persons have been frequently attacked suddenly with aphasia who, though possessed of thought and ability to reason upon their strange situation, yet, had no power to explain themselves.

Prof. S. Jackson, years ago, used to relate the case of a lady who, when asked to write her name, always wrote the figures 59; and of a Catholic priest who was suddenly attacked, and could only say or write, when he first saw him "di—do—di—do" in repetition; who explained, after recovering, that he wished to say that he had been attacked while taking a hot foot-bath. In this case there was amnesia of words written or spoken, and of gesture. Dr. Jackson was lecturing on "Sudden Obliteration of the Memory," aphasia was not then discussed. I took a note of the case.

Within six years a great amount of attention has been given to

*This paper is a part of the recent discussion on aphasia in the Academy of Medicine, a large portion of which appeared in our August issue.—Ed.

this subject, and an extraordinary interest awakened, especially by researches to ascertain the portion of the brain in which the faculty of speech is located.

Cases are presented where the patient is able to say but one word, such as "yes," which is employed in answer to all interrogatories, negative as well as affirmative, while the attempt at writing is as much at fault in the use of the proper word. Nevertheless, the gestures and expression of the countenance, convey, as far as possible, the thoughts. "Such persons," says Trousseau, "are not unlike a dog, who manifests by his clear intelligent expression, vivacity, movements of the head and limbs, and whining and accentuated sounds, that he comprehends your wishes, and makes you feel that he only needs speech to be at one with you."

There are cases where the words or phrase used have no relation whatever to the subject under consideration. It may be an oath which is used exclusively on every occasion, though the person may be acting otherwise sensibly at the time. Abusive words are sometimes employed, although the expression of the face and the manner of the person indicate nothing but good feeling.

At the same time, while patients use words so inappropriate either in attempting to speak or to write, they comprehend well the names of things.

There are cases where while the words of one language may be forgotten entirely, and those of another may be imperfectly employed. The late Dr. A. of this city, when first attacked with hemiplegia, and was aphasiac at the same time, could only use French words, and very few of them to express himself.

Sometimes there is ability to repeat the words of another, while they can not be voluntarily uttered. The case of Marcou, as related by Trousseau, is in point, and is thus detailed: "What is your name?" "My faith!" "I insisted on his telling his name. He became impatient and uttered part of an oath. Are you not from the Haute Loire. He echoed Haute Loire." "What is your name?" "Haute Loire!" "What is your trade?" "Haute Loire!" "But you call yourself Marcou?" "Yes, sir." "Where are you from?" "Marcou!" "What is your business?" "Marcou!" "Yes, but that is your name." Then, with impatience he would utter his partial oath.

Another case mentioned by Trousseau, where an aphasiac could only say "cou si si, cousiso." No matter what he wished

to say, whether to express anger or gratitude, or asking for anything, it was always "cousi si;" but when excessively irritated he would utter one part of a word of an oath.

There are various conditions of the intelligence existing in the aphasic states. While no power exists to speak or to write the proper words, or even to read understandingly, yet the sufferer may comprehend his condition. A professor of the faculty of Paris was attacked while reading. He suddenly became aware that he could not comprehend the words, rose up suddenly, fearing that he was attacked with apoplexy, moved his tongue and limbs in every direction to re-assure himself; then rang the bell; but, to his horror, when the servant appeared, found he could not speak. He made signs for paper and pen, that he might thus express himself; but here was equally at fault, for he could not recollect the proper words.

Again, there are aphasiacs who, without the ability to talk or write, can, nevertheless, play, with their usual success, various games, as draught-chess, back-gammon, and whist. One of Trousseau's cases was attacked while at cards, and though finding himself unable to speak, finished the game, walked hurriedly home, and sent for his physician. His wife presented him a book to see if he could read; but though he saw perfectly well, he did not know, as he afterwards said, the meaning of a single word.

Prof. Trousseau has frequently met with patients who could, though unable to speak, beat him in backgammon, which he felt himself quite proficient in; and this leads him to exclaim at the astonishing fact, that a man who could not tell his age on his fingers, had yet the capability of forming combinations in games that were not surpassed by the wisest; which leads the distinguished Profeseor to remark that the memory is not a unit, but has special faculties, and that while some are in abeyance others are intact; and that this view is justified in many instances in those who, on ordinary subjects have no remarkable memory, yet for music or mathematics are endowed with supernatural powers. He gave the case of a medical student who, on his return from an opera, could play with great exactness on his violin all the airs that he had heard. Also, he mentions the case of a shepherd whose powers of calculation were such that he could tell in a few moments how many hours any one had lived by knowing the number of years, months and days he had lived.

A remarkable case of this kind was in my ward in the Com-

mercial Hospital of this city, two years ago. He, by knowing the year and day of the month in which you were born, could, in a few moments, tell how many hours you had lived; a calculation that would have required a long series of figures in another. When interrogated he said that he had no method, that he only put his mind on the question and the answer came to him!

But in most cases of aphasia the intelligence is very much lowered. Some read, but forget as fast as the eye leaves the word, so that they will read the same page over and over again day after day, and always with equal interest. Some can read, as they say, well, but can not comprehend it.

Prof. Lordat, of Montpellier, who suffered from this disease, says that he could revolve in his thoughts a lecture, changing at pleasure the disposition of its parts; but when he attempted to think of a word to write or speak, it was impossible. "I could reflect," he says, "on the doxology, glory be to the Father, and to the Son, and to the Holy Ghost, but it was impossible to recall a single word of it." "The thought" he says, "seemed entire, but the memory of its phonetic expression as the receptacle of the thoughts existed no more. Lordat was possessed of extreme spiritualistic views, and conceived the total independence of thought of speech, but his own history after his attack disproved it, for though he had always before lectured extemporaneously he was compelled to read his lecture afterwards.

Every practitioner must have met well marked conditions of aphasia in serious forms of adynamic disease, where for days the patient could not remember the proper word to answer his thoughts, nor write them any better.

There are cases where the mind seems to be in the same condition as in the mesmeric state, where the memory is so enfeebled that an operator by strong assertions seems to be able to turn the subject's consciousness into most absurd conditions.

It may be stated as a general fact that aphasiacs are much reduced in their mental powers; but in one marked respect they differ from paralytics, they do not weep when they attempt to talk, although their features may express the true emotional state.

But the feature of greatest interest in connection with this disease is the uniformity of the anatomical lesion in the brain.

The conditions of aphasia have long been understood, for nothing has seemed so easily lost as the result of accidents as memory

and language; but the special anatomical condition existing in this case have only latterly been attempted to be pointed out. Many distinguished anatomists and physiologists, such as Bouillaud, Gall, the Daxes, and others, have assumed that the frontal lobes are the organs of speech, but Brocat was the first to localize the portion which subserves this faculty, and what is most remarkable, he assumes that it is the posterior third of the third convolution of the left frontal lobe and a contiguous portion known as the island of Reil.

Although many observations of Brocat, Trousseau, Charcot, the Jacksons, Wilks, and Moxon show how constantly aphasia is connected with lesions of the structures referred to, yet, numerous observations of Gintrac and others go to show that the loss of the intellectual function of speech has not a unique source, but may be ascribed to lesions in other parts; as meningeal hemorrhages on middle and posterior lobes, in corpus striatum, thalami bodies and mesocephalon; but in nearly every case the organic destruction is on the *left side of the brain*. The conclusion, then, from a large number of observations is *that the newrine, which is the organ of the memory of words, is located on the left side of the brain*; and, by Brocat and others who have confirmed his observations, *in the posterior third of the third convolution of the left frontal lobe*.

Can it be possible that in an organ so symmetrical as the brain in which all the organs of special sense have bilateral relations that a portion of one side only is endowed with this great faculty. It can not be admitted, although up to the present moment aphasia is rarely if ever found connected with left, while it is always associated with right hemiplegia. Very ingenious explanations are offered, especially by Moxon in explanation of this apparent law, but as yet we are not prepared to accept them.

The many cases of aphasia that are observed without paralysis are doubtless due to hyperæmia of a temporary character, or even effusions of the serous portions of the blood, and may be relieved by appropriate treatment; we should, therefore, hopefully undertake its relief; but where structural changes to a considerable extent have ensued, we may not hope to reach a cure, as in aphasia with loss of sensation as well as motion in a right hemiplegia.

I have at this moment under treatment in the Commercial Hospital a young man who was thoroughly hemiplegic in the left side—the face, the arm and the leg devoid of sensation as well as motion, and incontinence of urine and fæces.

He could not protrude the tongue, nor say but very few words. He could write parts of words; but there was no complete loss of memory—mere debility of the faculty. As he began to improve the amendment of speaking was more rapid than any other defect. Now that his sense of touch has improved, and he is able to walk pretty well, his speech is perfect; still he is paralyzed almost completely in his left arm.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

[From the Transactions of the American Ophthalmological Society, 1866.]

Anatomy and Physiology of the Ciliary Muscle in Man.

By Dr. B. JOY JEFFRIES, of Boston.

AT the meeting of the Society in June, 1865, I made some remarks on the anatomy and physiology of the ciliary muscle in man, and as recent investigations have seemed to confirm them, I shall take the liberty of presenting these in support of my views. I said that I followed others in considering that the ciliary muscle in man, by contracting upon its origin, slackened up the suspensory ligament, and thus allowed the lens to become more convex, thereby accommodating the refractive media of the eye to the divergent rays of light from near objects, and focussing them on the retina. In placing together the anatomical accounts of this muscle, I could not make out that the muscular fibres known as Maller's circular fibres are a distinct mass, enabled to act together as a separate part of the whole muscle. In this I am now further confirmed by the investigation of Meyer, from whom I have roughly copied these drawings. From this I think it will be seen that these circular fibres can, in contracting, but assist the action of the meridional ones.

From Meyer's (Med Student in Bremen) Essay on the Comparative Structure of the Annulus Ciliaris in Man and Mammals, to which a Prize was awarded by the Faculty of Heidelberg. R. Virchow's Archiv, November, 1865.

"The *annulus ciliaris* in man is attached by a very thick fibrous net to the posterior and inner wall of Schlemm's canal, and over

a short space of the adjacent sclerotic. The fibre bundles run in various directions from Schlemm's canal, some as a meridional layer directly backwards, lying close to each other to their insertion to the choroid, and others in a curve from outwards inwards (concavity towards centre of eye). These last bundles form numerous intercommunications, and divide up into several smaller ones to again unite further on. There are thus formed numerous open spaces which are mostly filled with Muller's circular fibres. These open spaces are more frequent over the ciliary processes, and therefore most circular fibres are here found. These circular fibres also frequently interlace; often some of the muscular bundles pass from their meridional direction into a circular one."

Prof. J. Henle's description and drawings of the ciliary muscle, lately published, agree with Meyer's. In his physiological remarks, he considers that "the action of the circular and meridional fibres mutually assist each other in increasing the thickness of the muscle" He says that accommodation takes place as I have held, "produced as far as I can now see by the ciliary muscle, but in what manner the latter acts is still *unproved*."

I also stated that the annulus ciliaris or ciliary muscle differed so much in animals from man that it was useless to attempt to adduce from them the mechanism of accommodation in man, and had on this account desisted myself. Meyer's investigations seem to bear me out in this also, as will be seen from these two rough drawings of the ciliary muscle of a wild cat, and the annulus ciliaris of an antelope. Meyer examined a number of different animals, still hardly enough to draw a complete conclusion.

[From the Transactions of the American Ophthalmological Society, 1866.]

Suture of the Flap, after Extraction of Cataract. By

HENRY W. WILLIAMS, M. D.

I OFFER for the consideration of the Society a few suggestions respecting suture of the cornea after the removal of cataract by a flap operation, in the hope that, by the adoption of such a modification of the ordinary procedure, we may so far lessen the risks of extraction that we shall not hereafter be tempted to incur the dangers attendant on the repeated introduction of instruments within the eye, and that mutilation of the iris may be rendered unnecessary.

My method consists in placing a single point of suture at the

apex of the flap of the cornea, after extraction of the lens, and whilst the patient is still under the influence of ether.

After trial of various curved and straight needles, and of needles mounted upon a handle, I give the preference to straight needles of very minute size, less than a fourth of an inch in length, and with flat cutting points, as being best adapted to penetrate the corneal tissues. The objections to needles fixed upon a handle are, that it is difficult to disengage the extremely fine thread, and that in being withdrawn they drag upwards the corneal flap.

The great advantages claimed for this plan are as follows:

It renders etherization more applicable to extraction operations, as it obviates the danger of loss of vitreous after the operation, in case emesis should occur; and the patient being thus impassive, the operator is enabled to do with deliberation and care, whatever may be requisite in removing complications which may arise in the course of an operation, without feeling that he incurs a risk of contusing the iris or losing a portion of the vitreous during sudden involuntary movements of the eye. The edges of the wound being retained in close apposition, union by primary adhesion, the first desideratum in flap operations, is rendered much more certain. The puffy, swollen state of the margin of the flap, which renders the healing process difficult and uncertain, is thus avoided, and the eye resumes at once almost its normal condition. It nearly obviates all risk of spontaneous prolapse of the iris—the “*bete noire*,” to use the words of Mr. Dixon, “of extraction operations.” By affecting a speedy re-establishment of the anterior chamber, it admits of the free use of atropia, without fear that *prolapsus iridis* may ensue, thus allowing continued dilatation of the pupil to be kept up, and lessening the risk of irritation of the iris from unremoved fragments of lens, or torn edges of capsule, or from proliferous degeneration of the intra capsular cells. It permits of early and frequent inspection of the eye, and the prompt discovery of any morbid phenomena, so that timely recourse may be had to appropriate remedies.

It much abbreviates the term of rigorous confinement of the patient, and shortens the entire period of convalescence.

A single strand of the finest silk is employed for the suture. The needle is seized with strong forceps and passed through the edges of the wound, which are held with very delicate toothed forceps. The eye being entirely passive, the requisite manœu-

vres may be executed with delicacy and without haste. Gentle compression, by means of lint and a flannel bandage, constitute the after treatment.

In most cases the suture has been left to come away of itself, and, though usually becoming detached within a few days, it has in some instances remained *in situ* for seven weeks, without giving rise to more than trivial irritation. I am satisfied, however, that its presence for a longer period than is necessary is undesirable, and serves slightly to retard the patient's recovery. My present practice is to administer ether and remove the suture within a week after the operation, if it has not sooner been eliminated. It is unsafe to attempt its removal except during anaesthesia, as a sudden movement of the globe, or the pressure of the forceps, if fixation be resorted to, might, as in one of my own cases, cause reopening of the wound.

In no instance, so far as I could judge, has the suture given rise to any serious symptoms. In twenty-four cases subjected to this treatment, there have only been two failures.

Case of the Removal of a Foreign Body from the Posterior Chamber of the Eye. By R. E. HAUGHTON, M. D., of Richmond, Indiana.

G. B., aged sixteen, in good health, while using a steel hoe on some stone in the street, received an injury of the cornea at its upper and inner margin, resulting in a flap-like wound. Upon examination I discovered a foreign body of a shining appearance lying in the posterior aqueous chamber, with one extremity in the pupil, and resting against the margin of the iris. The eye was sensitive, though not yet painful, as I saw it late in the evening, and soon after the accident. I closed the eye, with directions, to call again in the morning, with a view to its further examination. The next morning, the eye was injected, and somewhat painful, with cloudiness of the pupil from exuded lymph. I told the boy's father that inflammation and probable destruction would occur if the body remained, and that an effort at removal was proper, notwithstanding the risk of compromising the eye, directly or indirectly, by an operation. On consultation with Drs. Fisher and Hadley, it was thought best to attempt extraction of the lens with the foreign body, and between flap extrac-

tion or linear extraction with iridectomy, I decided in favor of the former.

OPERATION.

The patient being thoroughly narcotized with chloroform, and the lids separated by the retractor. I made the superior flap of the cornea without any accident or prolapsus of the iris. The lids were then closed for a few moments, when I proceeded to the extraction of the foreign body with the lens, intending to bring away the lens in its capsule entire. But I found that the muscular contraction and pressure had ruptured the capsule, so that the lens and foreign body escaped at once, after which the eye was closed. The patient was kept quiet for a few days, and no reaction or pain followed. On opening the eye on the 11th day, the pupil was circular and vision was retained, so that he could see my face and features. The eye was again closed, and the patient kept quiet in a darkened room. As yet no pain or swelling has taken place, and the vision is still improving.

As the results of foreign bodies in the eye are very often disastrous to vision and the integrity of the globe, I thought it best to perform the operation described, and so far it promises well.

Correspondence.

PHILADELPHIA, July 18, 1867.

MESSRS. EDITORS:—The manner in which the case of Hamilton *versus* The Surgeon General has been presented in your columns, will hardly enable your readers to form a correct judgement of the controversy. The attack made upon me by Prof. Hamilton, in the *Cincinnati Journal of Medicine*, was copied in full in your journal, but you could not find space to copy my reply. To an old subscriber and friend of the *Lancet and Observer* this seemed unkind; but as my reply was inconveniently lengthy I could have overlooked the omission, had it not been for the injustice done me (I hope unintentionally) in an editorial of this month's number, which I have just seen. In your apology for not printing my reply to Prof. H. you refer to it in terms which would lead the reader to suppose it was made up of generalities, and that I had not responded directly and squarely to

the points at issue. Now, "this is the unkindest cut of all." I think the careful and impartial reader of my defence in the June number of the Cincinnati *Journal of Medicine* will admit the utter failure of Dr. Hamilton's attempt to invalidate my Annual Report, or to fasten upon me the stigma of having denounced the medical profession; and I can not refrain from asking a brief space in your journal in order to state precisely what the issue was and how I met it.

In his strictures on my report Prof. H. undertook to establish the following points: First, that in my estimate of the number of doctors rejected by the Army Examining Board, I had greatly exaggerated the facts. Secondly, that I had officially denounced and read out of respectable standing the great body of the medical profession of Ohio; and lastly, that the medical profession is so enlightened and elevated that there is no need of any reform in the present system of education or graduation.

In discussing the first point, he admitted that his knowledge of the number of doctors rejected by the Army Board was limited to the time of his service on said Board, and that his service expired with the year 1861. In my reply I exposed the fallacy of his attempt to confute my estimate of the number rejected for incompetency during the four years of the war, by citing the number rejected during the six or seven months he was on the Board. I proved that Dr. Hamilton suppressed part of the record of examinations made while he was a member, and Secretary of the Board, and that he did not publish the whole number rejected by the Board; and further, that he made an unfair use of that part of the record which he exhibited.

I stated that the Examining Board never made an official report of the rejected candidates, and that my estimate of the number was based upon information obtained from individual members of the Board, and other sources. I stated that I would be very happy to correct my report, whenever satisfactory evidence was furnished, showing that my figures were erroneous.

In reply to Prof. H.'s second point, I appealed to the report to prove that I denounced "no doctors except those who had been pronounced *incompetent* by the State Board, and the hundreds of others *equally incompetent* who had never been before the Board, and of whom many had never been inside a medical college. I denied that these men constituted the "*great body of the medical profession of Ohio*," and thought that Dr. H. deserved to be dis

ciplined for saying so. I asserted that these ignorant pretenders, including quacks and charlatans of every description, were the disgrace of our noble profession, and would continue to bring reproach upon it just as long as Prof. Hamilton and other influential members will endorse their claims to respectability and fellowship.

It is needless to refer to my refutation of his third point, which is thus expressed in his own words :

"The profession merits only plaudits." If the professor will find an intelligent physician in the State to whom he can gravely repeat these words, without exciting a smile at their absurdity, I will agree to surrender the whole question.

Yours, respectfully,

C. McDERMONT.

OBSERVATORY HILL, July 7, 1867.

MESSRS. EDITORS:—Having read, in your last number, a truthful letter from "Truthmount." I thought a few lines from "Observatory Hill" might not be displeasing to you. The great trouble is to know where to begin and where to leave off.

Some musicians and othericians appear, *just now*, to be in a quandary. Both are in unquiet uncertainty about a house to "*blow in*;" to present themselves *secundem artem* before admiring and remunerative listeners and spectators. Time and brass and energy, however, work wonders, and it is to be hoped that many hours may not pass by ere tranquility shall be restored.

Again, I observe that some are so fearful that a brother may succeed sooner in obtaining wealth by honorably pursuing a "speciality" than those who labor in general practice, as to lead them to arraign *specialists* before them, to render an account for the ocular, auricular, uterine, and other special deeds, "to the practical ignoring of the fact that the body claims other and important organs." Why not, they demand, be general practitioners, and thereby cease attracting to their offices, by certain signs on doors or windows, or sides of houses, as well as by advertisements in Medical Journals, patients with sore eyes and sore ears, with defective vision, and "hard of hearing," sterile women and impotent men, rickety children, and hydrocephalic infants! What do you, presumptuous brethren, know of these ills that *we* do not know, or may "*know in three months?*"

And then I see, through the trans-Atlantic press—that of which

I have heard at home—the little value members of the “regular medical profession” place upon their services. To illustrate: In a certain flourishing seaport town in England “rejoicing in various boards, Town Improvement Commission,” &c., including a medical officer of health! who received the munificent salary of about seventy five dollars a year, a meeting of the commissioners was held for the purpose of electing a successor to the incumbent. Some thought the office was unnecessary; some thought the salary they had been giving was too high, but as the year just expired had been an exceptional one as far as regarded disease, that was an excuse for their extravagance; while others thought *fifty dollars* much more to the purpose.” After considerable talking it was resolved “that, in order that every *medical gentleman* might stand a chance of obtaining the *lucrative appointment*, *all* should be invited to apply for *the office*!”

The invitation was given, and the following responses received:

No. 1. “My professional status as a doctor of medicine and physician, forbids my tendering for any appointment, although, if appointed your medical officer of health, I will discharge the duties of the office to the best of my ability at *whatever salary you* may consider a fair remuneration for my services,” &c.

No. 2. “I beg leave to offer myself as a candidate for the appointment of medical officer of health for ———. My qualifications are M. D., Edin. 1853, and diploma of the Royal College of Surgeons, Edinburgh, &c. The remuneration I beg to leave entirely to the discretion of the commissioners!”

(This application was indorsed by the applicant as a ‘tender for *medical scavenging*.’)

Another. “I am willing to undertake the duties of medical officer of health at the same salary as when last I held the appointment, viz.: \$50 00 a year.”

“*O tempora, O mores.*”

“If gentlemen of a liberal profession are content to “tender like the scavengers,” and to do work at something like scavengers’ wages, we can only say, more’s the pity. More anon.

OBSERVER.

Aphasia.

APHASIA is a very curious and interesting study. Dr. B. F. Stevenson has reported a very interesting case in the August number of your journal. Permit me to record something “as to the seat of the lesion.”

Is the faculty of speech in the third convolution of the left anterior lobe, the island of Reil and neighborhood?

Some answer yes.

Trousseau says: "As every distinct faculty pre-supposes a special organ, the advocates of localization made out that the seat of this faculty in the brain is the posterior portions of the third frontal convolution, chiefly on the left side. But the most varied lesions of this spot, and I will add of neighboring parts, more deeply situated, such as the insula of Reil and the corpus striatum, can bring on aphasia. Hence, the same prognosis does not apply to aphasia occurring during convalescence from a grave fever, and to aphasia due to softening of, or hemorrhage into, the brain."

P. Victor Bazire, M. D., the translator and editor of Trousseau's lectures on clinical medicine, thus speaks of the discussions of aphasia at the Academy of Medicine, of Paris, in May, 1865: "Like most discussions, however, it has succeeded in convincing neither party, and has left matters almost on the same footing as they stood before. If anything the advocates of the localization of the faculty of speech in the anterior lobes of the brain have come a little worse off than their adversaries."

The following case is interesting and to the point: "A hair-dresser was admitted, as patient, into the Charity Hospital, suffering from incontinence of urine. He was an extremely tiresome talker, and died three weeks after admission, without having presented any symptoms of cerebral disease, any *difficulty of articulation* or *defect of speech*. On dissection there was found hypertrophy of the prostate, stricture of the urethra, and old disease of the mucous membrane of the bladder. The head was examined, merely in order that the autopsy might be thoroughly complete. The dura mater was found to be firmly adherent to the mass of the brain. The *right anterior lobe of the brain was completely destroyed* by a voluminous tumor, having all the characters of scirrhus. The *left frontal lobe*, also, had been encroached upon, and was, to a great extent destroyed."

The case communicated by M. Aug. Berard, to the Anatomical Society of Paris, in 1843, reveals the fact that *both anterior cerebral lobes* may be destroyed, and in their stead, a mixture of blood, of bony splinters, and of brain substance; and yet, "in spite of his frightful injury, the man could *relate in all its details how the accident had occurred!*"

"Cruveilhier has brought forward several instances in which the loss of speech was a prominent symptom, while the disease was not found in the anterior lobe, but in some other part of the brain."

Andral records fourteen cases in which the power of speech was lost, yet no alteration had taken place in the anterior lobes. According to Andral "we are not able as yet to allot these separate functions to their proper spots in the cerebral mass."

According to Dr. Brown Sequard the deprivation of speech is a reflex phenomenon: and that it is so, we have almost a proof in the fact that it often varies very much in the same patient, according to circumstances, which physiology has, as yet, been unable to detect, but certainly with a lesion of the brain still continuing unaltered.

The deprivation of speech arises from the circumstances of the patient being *unable to give expression to his thoughts*; and this inability extends not merely to speech; he is equally powerless to express ideas either by signs or by writing. The paralysis, in fact, is a "paralysis of the organ of expression of ideas."

Dr. Edward Long Fox, physician to the Bristol Royal Infirmary, in considering this subject remarks, "No one can study the very excellent papers which Dr. Hughlings Jackson has written on this subject without acknowledging that there is considerable evidence in favor of the seat of the faculty of articulate speech being located in the posterior portion of the third left frontal convolution. But as far as the subject has been investigated at present, I think it has only been proved that this portion of the brain is *one* of the seats of this faculty, and not the *only* seat."

It may not be out of place, in this connection, to jot down something in reference to the utterances of "speechless patients." Dr. Hughlings Jackson makes mention of a case he treated in the London Hospital, and saw sometime afterward in a workhouse. "When the poor fellow left the hospital he was able to utter the word 'Dick' only, except that he swore when vexed. Strange to say, the patient's stock phrase is now 'Jimmy': he never says 'Dick.' Although it is two years since the patient left the hospital, as soon as he saw the doctor he raised himself eagerly from his chair, offered his left hand—his right is still paralyzed—and cried out very vivaciously 'Jimmy, Jimmy,' etc., evidently pleased to see some one whom he knew. The ward superinten-

dent says the patient sometimes sings; that the word he then uses is 'jigger.' He is usually quiet; but when vexed he swears or rather utters a very nasty word, the last syllable of which rhymes with the last syllable of 'jigger.' He can not say this word when he tries; but when trying says 'Jim' instead. 'Jimmy' seems to be the word he uses as an ejaculation to show states of feeling, and 'Jim' when he is trying to convey information. When asked to show how many children he had, he extended his left five digits twice, and at each extension he uttered jokingly, the word 'Jim.' At a second visit the man replied to the same question in the same way; but there are no means of knowing whether his reply is correct or not. He does not tell the number of days in the week by this plan. He sang when asked, and although the performance was of the very poorest kind, there was cadence and variations of tone. In one of these efforts he used as a vehicle of sound the word 'Jim;' in another, 'jigger.' The ward superintendent remarked that the man's friends had not visited him since Christmas. Here the patient clenched his fist, tightened his lips, face and neck, holding his breath, and turning the while, as if making an effort. After a moment or two he sighed deeply, and relaxed, shook his head, and looked as if he had given up an attempt to do something. The attendant believed the patient 'was trying to talk,' and said he often saw him put himself in that way. As Dr. Jackson was leaving the room the patient left by another door; but in passing through the doorway he stopped, and turned his head as if he had suddenly remembered something, looked towards the doctor, and said, pleasantly, 'Jim, Jim.' It was supposed this meant good bye."

In another workhouse Dr. Jackson saw a woman, twenty five years old, who is only able to utter the phrase "oh! my God!" and the noise "ow," probably a corruption of oh. When spoken to, she cried out "oh! my God!" When next accosted she said "oh!" and then put her hand over her mouth. She uttered the phrase several times in the interview; but she spoke with the syllable "ow," expressing assent or dissent by the tone she gave to it, and by her manner. * * * She laughed heartily when something jocose was said, crying out "oh! my God!" When the death of her baby was mentioned, her eyes filled with tears. The nurse says the woman was once in her ward before, and the words uttered were "oh! my goodness will." Instead of multiplying cases, I will direct attention to the suggestions of Dr. H.

Jackson, as to the reason a patient is limited to the use of one or more words or phrases, or sometimes to mere jargon. "These are parts of some sensorio-motor processes which were, so to speak, uppermost in the patient's brain when it was suddenly damaged. According to Herbert Spencer, the cessation of anatomic action and the dawn of volition, are one and the same thing; and it would seem that in some cases of sudden damage to the brain, the temporary *will* had itself— if so contradictory an expression may pass as an illustration—become *automatic*. Dr. Russell, of Birmingham, has published the case of a clerk who lost speech and became paralysed after hard work in *making a catalogue*. This poor fellow could only say "list complete." Mr. Paget, a few years ago had under his care a man whose left hemisphere was injured in a *brawl*. This man could only say "I want protection." These two cases, however, are unusually striking, and the speculation does not so evidently apply to common cases in which the patient can, for instance, say "yes" and "no" only.

With hemiplegia we meet, 1st., clumsy articulation; 2d., reversal of syllables, as "gippin" for "pigeon;" 3d, substitution of one whole word for another word allied in idea or sound, or without *apparent* association; 4th, mistakes in a still higher range of movements more widely associated—e. g., "bring me a quarter of an hour"—meaning *pound*—or "what am I to say it is o'clock?" instead of "what day of the month am I to put down?" Facts of this sort tend to confirm what Herbert Spencer has said on the gradual ascent from the grosser motor processes to the highest intellectual operations.

J. F. W.

MILTON, KY., July 16, 1867.

PROF. E. B. STEVENS—*Dear Sir*:—I do not know that "additional evidence" of the anti-periodic properties of the Hyposulphite of Soda, is required to insure its general use in malarious diseases. But I do know that it possesses them in an eminent degree; for, I have full notes of thirty-eight cases of intermittent fever, in which I have administered it, thirty seven of which were successful. If you think the above mentioned notes worthy of publication, they shall be at your service.

Wishing you and my Alma Mater—the Miami Medical College—great prosperity, I remain

Yours truly,

S E HAMPTON, M. D.

EATON, OHIO, August 7, 1867.

DOCTOR E. B. STEVENS—*Dear Sir*:—Now that the “Lizard case” is settled very satisfactorily to all your readers, how about the “Rooker case of hydrophobia?”

If you will notice No. 543 of the *Medical and Surgical Reporter*, you will find in a discussion before the Baltimore Medical Association, a statement by Dr. Tennyhill, that the case of hydrophobia in Indiana, reported cured by bromide of potassa, “died in a few days.” Many of us “seekers after hidden things” are anxious to know whether the case referred to by Dr. Tennyhill is the “Rooker case?” If it is, did Rooker cure the disease and allow patient the to die, or did the patient die without being cured at all?

Truly, &c.,

A. H. STEPHENS.

Hospitals and Ventilation.

[We have recieved the following interesting letter from Dr. Gill, now in Vienna, and publish with pleasure.]

DR JOHN A. MURPHY—*My Dear Sir*:—The subject of ventilation is daily attracting more attention both in the profession and among the public. Having lerrned that a hospital is being, or is soon to be built in Cincinnati, it seemed to me that a few words on the subject of ventilation might not be inappropriate at this time, respecting some of the hospitals of Germany, and especially of this city, in that regard.

In most of the hospitals of Prussia the ventilation is very imperfect in arrangement, and insufficient, and in many cases there exists scarcely any ventilation whatever, except as a door or window may be accidentally opened. This is not excusable on account of the buildings having been erected without provisions being made for ingress and egress of air, as will be shown below.

The obstetrical departments of the General Hospital of this city, under the supervision of Professors Braun and Spath, are in old buildings erected a third or possibly half a century ago, with a view, as remarked by one of the professors, of shutting out all air as nearly as possible, and most of the light also. Under these circumstances the mortality was so great at times among the lying-in women as to attract the serious consideration of the profession, and later of the Government also. In the latter part of 1863 and beginning of 1864, the so called method of ventilation by Dr. Boehm, was adopted in the obstetrical department at an

expense of eighty thousand guilders. It is the nearest approach to complete ventilation I have met with anywhere; indeed, there seems to be little wanting that could be desired. The principle of the method is dependent mainly upon the difference of atmospheric temperature within and without the building, or ward, and at the ground and at the roof of the building. There are two sets of flues, one extending from the floor to the ceiling of the ward, the other from the floor to the roof of the building; in either the valves may be so arranged as to allow the current of air to pass through the flue or through the ward, from above downward, or from below upward, as circumstances of weather, season, &c., may require. By this method from eighty to one hundred and fifty cubic feet of fresh air may be furnished per hour to each patient, when the ward is filled with sick, without perceptible draft through the ward, and no patient has been known to take cold from that cause. In Professor Braun's department there are yearly from 4,800 to 5,000 births, in one ward, and yet the mortality is only about one per cent, most years even less, from eight per mille to one per cent.; whereas, previous to the adoption of the present system of ventilation, it was, for four years, not including an epidemic, 1857 to 1860, 2.8 per cent., 1.9, 1.9, and 2.2 per cent.

The other departments of the hospital are badly ventilated. You may know that Professor Bilioth has been called to occupy the chair of surgery made vacant by the death of Prof. Schuh. Among the conditions of his acceptance were, the lengthening and widening of the windows of the wards, and a thorough system of ventilation in his department.

Another subject, it seems to me, should receive the consideration of those having the control of public hospitals—that is, the washing and drying of the bed clothing, &c., used with lying-in women, and with surgical cases. In the obstetrical department the clothing is all dried in a furnace heated sufficiently, as is supposed, to destroy the vitality of all animal or vegetable matter.

I have secured complete drawings of the entire arrangement as adopted and now used in this hospital, and if it would be of any advantage to the building committee in selecting a method of ventilation, I should be glad to furnish a copy of it; for it seems scarcely justifiable to arrange in a new structure any method short of the best in use anywhere at this date.

Of the reports of seventeen similar institutions on the conti-

nent and in great Britain, including a series of years (not, however, all running up to the present year), this has much the largest number of cases and the smallest per cent. of mortality since the adoption of the ventilation. Next to this stands the institution at Dublin, as to mortality report.

Respectfully yours,

H. Z. GILL.

Editor's Table.

The Ohio State Medical Society—Its Next Meeting.

WE give below the letter of an esteemed correspondent and member of the State Society, and take this occasion to make the following explanation. Our correspondent is in error, in supposing the meeting which reconsidered the place of meeting for next year was that of a "few members," however "informal" it might fairly be regarded. The citizens of Yellow Springs had made an unexpected and generous display of hospitality, and a *large portion* of the Society were its recipients. Hence the vote of the evening could so fairly be regarded as the sentiment of the Society as to embarrass the action of the President in the selection of the Committee of Arrangements; and especially when shortly after the adjournment, he received a communication from Delaware, urgently renewing the invitation which Dr. Hyatt had extended, and claiming that the original vote before the adjournment was the only legitimate action of the Society. In this state of the question the President selected a committee largely located with reference to Yellow Springs, and immediately requested that committee to enter up by correspondence, their decision as to the place of meeting. The majority have voted for Delaware as the place of meeting of the Ohio State Medical Society for next June. In view of this decision, and with the approval of members of the Committee as originally constituted, the President has revised the appointments of the Committee so as to present names more directly identified with Delaware, and the majority of whom can more conveniently consult with each other in regard to the necessary arrangements for making the

next meeting, numerically as well as in every way, a complete success. The following is the Executive Committee, as now constituted:

E. H. Hyatt, T. B. Williams, J. B. Thompson, C. P. Landon, E. Thorn.

This explanation, we trust, will be a full answer to our correspondents, and be of general interest to the Society.

“EDITORS OF LANCET AND OBSERVER—*Gents* :—I beg leave to inquire through your journal *where* the the State Medical Society meets next year? If you decide in favor of Yellow Springs, then I wish to ask by what right a few members of the Society take it upon themselves, at an “informal meeting,” to change the place of meeting after the Society has adjourned—after it has, in fact, ceased to exist for the year? I propose this query, and may press it at another place and time, because I am one of those (and they are not few in number) who believe that the place of meeting of the Society for some years past has had a good deal to do with the slim attendance. They believe that to meet from year to year at the central towns of the State, such as Delaware, Mansfield, Zanesville, Newark and Columbus, would increase the attendance, the number of additions to the society, and promote its interests in many ways. At least it would be nothing less than fair to try a change, since the attendance seems to be growing less every year.

There is another point in reference to the matter. It seems the sudden change as to the place of meeting was made at a “festival given by the ladies of the First Presbyterian Church.” Now it is not a general thing for a congregation of a village church to be able to give such an entertainment without an effort, and without incurring an expense perhaps somewhat difficult to bear. I hope the church at Yellow Springs is an exception; if not, may its members not possibly feel that there are more benevolent and better purposes to which to devote their spare money than feeding the State Medical Society? The point for the Society to consider is, whether, having taxed the generosity of this village congregation once, it shall go back there next year to tax it again. It seems “a few members,” at “an informal meeting,” thought it eminently proper to do so. I dissent, and know others that do the same. I therefore open the subject for expression of opinion, and hope to elicit, through your pages, replies from different parts of the State. R.”

Organized Medicine in Canada.

We have been greatly interested in the perusal of a circular which has been sent to the colleges and schools of medicine in Canada, as well as to the various medical journals of the country.

The Quebec Medical Society, as the oldest medical association in Canada, proposes that a General Convention be held in that city, commencing on the 9th of October proximo, for the organization of a "*Canadian Medical Association*. Inasmuch as the reorganization of the various provinces of Canada, under one general Government has been effected, there seems good reason to suppose that hereafter there will be a closer union and more intimate sympathy of all the relations of life; of course embracing the profession of Medicine. The action of the Quebec Medical Society is signed by W. Marsden, M. D., as Chairman, and R. H. Russell, M. D., Secretary, and closes with the following resolutions, which are commended to the profession of Canada, and for which we bespeak their hearty co-operation :

Resolved, That in the interest of the public, and medical profession, it is desirable to adopt such means as will insure an *uniform* system of granting license to practice Medicine, Surgery and Midwifery throughout the Dominion of Canada.

Resolved, That in future, all medical degrees or diplomas, of Universities, Colleges, or Schools of Medicine, shall have merely an honorary value, and licenses to practice Medicine, Surgery or Midwifery, in the Dominion of Canada shall be granted by a Central Board of Examiners, in each Province, before whom all holders of degrees in Medicine, or diplomas for Surgery, or Midwifery, shall appear for examination.

Resolved. That a committee of seven members be named by the Medical Society, to confer with the various Universities, Colleges, and Medical Schools in Canada, on the subject of the establishment of a Central Board of Examiners, before which all candidates for license to practice medicine in the Dominion of Canada, shall be examined.

Resolved, That the Quebec Medical Society recommends the calling of a Convention of Medical Delegates, from Universities, Colleges, Schools, Medical Societies, etc., in the Dominion of Canada; to meet at the City of Quebec, on the second Wednesday in October, 1867, for the purpose of adopting some concerted action, on the subject of medical legislation, in conformity with this report, and for the furtherance of a "*Canadian Medical Association*."

The whole respectfully submitted.

LAVAL UNIVERSITY, Quebec, June 18th, 1867.

New Sydenham Society.

We have received the following circular note from Dr. Dunglison, which sufficiently explains itself. We only add our very hearty word of approval to such as are not already familiar with the purposes of this Association. Many choice works have been afforded the profession, not otherwise attainable; and the series for 1866 and 1867 given below, are very valuable.

1116 GIRARD ST., PHILADELPHIA.

DEAR SIR:—As Honorary Secretary of the New Sydenham Society, I beg to bring its publications under your notice, and to invite you to enrol yourself as a member.

The Society was instituted for the purpose of supplying certain acknowledged deficiencies in the existing means of diffusing medical literature. Works of a *practical* character and of *permanent* value are selected for publication.

You can acquire the whole of the works issued by the Society from 1859 to 1867 (35 volumes, including 28 volumes handsomely bound in cloth, gilt, and 7 fasciculi of the Society's Atlas of Portraits of Skin Diseaseses, embracing more than 20 life-size colored plates, 18x24 inches), for Nine Guineas; or you can commence with either the past or the present year.

The subscription is One Guinea per annum, payable in advance.

I undertake to receive your annual subscriptin, and to hand you the books as soon as they are issued.

I am, Dear Sir,

Truly Yours,

RICHARD J. DUNGLISON, M. D.,

Honorary Local Secretary.

SERIES FOR 1867.

1. Bernutz and Goupil on Diseases of Women. Vol. I.
2. Fasciculus of Atlas of Portraits of Diseases of the Skin (three beautiful colored plates, life-size.)
3. Hebra on Diseases of the Skin. Vol. I.
4. Bernutz and Goupil on Diseases of Women. Vol. II.

SERIES FOR 1867.

1. Griesinger on Mental Diseases.
2. Biennial Retrospect of Medicine and Surgery.

3. Fasciculus of Atlas of Portraits of Diseases of the Skin, (colored plates).

4. Hebra on Diseases of the Skin. Vol. II.

Annual subscription \$7 50, in advance, (the duty, etc., payable on arrival of the vols., amounting to about \$2 50 additional).

The Kentucky School of Medicine.

We have before us the Annual Announcement of this Medical College, showing a full and strong Faculty, ready for service for the next Winter's campaign of teaching. It had been announced a year ago that the interests of the Kentucky school and the University of Louisville were united, and we had supposed and announced heretofore that such was the fact. It appears either that we were mistaken or that the friends of the Kentucky School have taken a fresh lease on life, and started out with a fresh purpose to build up a live school of medicine. The friends of the school state that the arrangement was only temporary and verbal, and they are now sanguine of a very large class.

Army and Navy.

—Surgeon J. H. Baxter, United States Volunteers, late Chief Medical Officer of the Provost Marshal General's Bureau, was confirmed by the Senate as Medical Purveyor of the United States Army, with the rank of Lieut. Colonel.

This promotion in no way interferes with the completion of the report of the Provost Marshal General's Bureau, upon which, in accordance with an Act of Congress, Dr. Baxter is now engaged.

The Chemical News.

"The Chemical News and Journal of Physical Science," is the title of new re-print which Messrs. Townsend & Adams, of New York, have just commenced. It is a valuable journal, devoted to Chemistry, together with all the collateral departments of Pharmacy, Mineralogy, Mining, etc., etc., etc. It has established a well earned reputation as a scientific publication in England, and will doubtless take high rank here. It is published at the low price of \$2 50 a year—48 handsome double column pages monthly. Robt. Clarke & Co., and R. W. Carroll & Co., of Cincinnati, are announced as agents, and will gladly and promptly attend to local subscriptions.

Personal.

Prof. Seeley, of the Ohio Medical College has been abroad during the summer, and is expected home about the last of September—in time for his college duties.

Braithwaite's Retrospect.

Part LV., July, 1867. This well known reprint is promptly received, and contains the usual amount of varied and practical medical and surgical matter. Price, \$2 50 per year. By W. A. Townsend & Adams, New York.

The Half Yearly Abstract of the Medical Sciences.

July, 1867. Mr. Lea is doing the profession a good service in resuming the American reprint of the old and popular Ranking's Abstract. Price, \$2 50 per year, or \$6 00 for American Journal and Abstract.

The Half Yearly Compendium of Medical Science.

Drs. Butler and Brinton, editors of the Philadelphia Reporter, propose to issue the first number of a Semi Annual, with the above title, on the first of January, 1868, and every half year thereafter. The price will be \$3 00 a year. We certainly wish this enterprise great success, and hope the American profession will give it an abundant material support.

The Buffalo Medical College.

We notice with pleasure that the Medical Department of the University of Buffalo has received an important accession in the appointment of Dr. J. F. Minor, Editor of the *Buffalo Medical Journal*, to the Chair of Surgical Anatomy and Ophthalmology, recently established. Dr. Minor is a successful surgeon and a good editor, and will make an attractive teacher.

The Medical College of Ohio.

The Medical College of Ohio has partially reorganized its Faculty. The chair of Obstetrics is divided, and Prof. Parvin becomes Professor of the Medical and Surgical Diseases of Women. Prof. Bartholow is transferred to the vacancy thus made in the chair of Materia Medica and Dr. P. S. Connor is

elected to fill the vacancy in the chair of Chemistry. We learn that the Trustees have effected an arrangement with the purchaser of the College building, whereby the Lectures will continue for the present to be given in the old quarters.

Health of Cincinnati.

Notwithstanding the grave anticipations of a return of Asiatic Cholera to our city this season, thus far we have been entirely exempt; and indeed, Cincinnati was never so free from sickness of any kind as at this writing. Students who were frightened away from Lectures in the Medical Schools of this city last season, we trust will come trooping back and bring their friends with them.

Correction—Academy of Medicine.

The Secretary, Dr. Courtright, sends us the following error in the report of the proceedings which appeared last month.

On page 474 is the following sentence: "Dr. Foote asked whether we could have organic disease with aphasia." It should read: "Dr. Foote asked whether we could have aphasia *without* organic disease of the brain."

Personal.

Dr. Stevens was absent for several weeks, embracing all the month of July. This will explain to correspondents the tardy manner in which many letters were responded to, and, perhaps, in the press of accumulated matter, why some may possibly have been overlooked altogether.

Prof. Storer.

Prof. Storer will repeat his course of Lectures on the *Surgical Diseases of Women*, at his rooms in Boston during the first fortnight of December proximo. His card in the present number of this journal will sufficiently explain the character of his course of teaching, which is already attracting gentlemen who are devoted to this specialty.

Dr. D. A. Morse—

A correspondent of the *Lancet and Observer*, will give, during the coming winter, a course of Lectures upon Chemistry and Natural Sciences, at the Literary Institute at Bloomingburgh,

Ohio. The Doctor will, in a few weeks, also organize a class of medical students. They will be instructed in the *practical* portion of each branch, the clinical use of the microscope, and a thorough knowledge of everything pertaining to the duties of an accomplished physician.

We print the following action of the Montgomery County Medical Society. It came to hand too late for insertion in our last number:

"MONTGOMERY COUNTY MEDICAL SOCIETY,
"DAYTON, O., July 11, 1867.

"At a regular meeting of this Society the following resolutions were adopted:

"*Resolved*, That the action of the State Medical Society at its late meeting, in condemning the report of the Surgeon General, and censuring him, without giving that gentleman an opportunity of being heard in defense of the charges brought against him, is a violation of all the usual modes of proceeding on the part of deliberative bodies toward members believed to be deserving of discipline, and a dangerous precedent of injustice, against which this Society protests.

"*Resolved*, That this resolution be published in the medical journals of the State. HENRY K. STEELE, Sec'y."

118 W. HOUSTON STREET, NEW YORK, July, 1867.

Sir—At the late meeting of the "Medical Society of the State of New York," it was resolved "That a Committee be appointed to investigate and report upon the result of consanguineous marriages," &c.

If such marriages come under your observation, you will confer a favor by answering the following questions, and transmitting such report, before November next, to the undersigned, one of the Committee appointed:

1. Name (initials) and age of *husband*.
2. Nativity.
3. Age when married.
4. Constitution.
5. Health, deformities, peculiar diathesis.
6. Health of his family, hereditary diseases, deformities, &c.
7. Name (initials) and age of *wife*.
8. Nativity.
9. Age when married.

10. Constitution.
22. Health, deformities, peculiar diathesis.
12. Health of her family, hereditary diseases, deformities, &c.
13. How are the parties related to each other?
14. How long married?
15. How many children, or sterility?
16. Abortions; cause; how many, and at what period?
17. Children died, at what ages and from what diseases?
18. The constitution, age and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, &c.
19. Remarks and other information.

Hoping to receive your valuable co-operation for the advancement of medical science,

I remain yours, most respectfully,

ROBERT NEWMAN, M. D.

Reviews and Notices of Books,

THE PRINCIPLES AND PRACTICE OF DISINFECTION. By ROBERTS BARTHOLOW, A. M., M. D., Professor of Materia Medica, etc., in the Medical College of Ohio, etc., etc., etc. Cincinnati: R. W. Carroll & Co., publishers, 117 West Fourth street, 1867.

Dr. Bartholow is well known as an agreeable writer and somewhat successful maker of books. The little volume before us sustains the character of the author, and engages in the discussion of an important field of inquiry. In some respects, however, we must express our disappointment in our author's present effort. There is more resume of well known historical facts than is of value, and too little explicit practical instruction on the real matter of *disinfection* than we had reason to expect from the well known industry and ability of our author.

The substance of this little monograph was read before the Cincinnati Academy of Medicine last Spring, being presented in a series of papers. They were received with great acceptability at the time, and have now been recast suitable for book form.

The following is the order of this interesting little book:

Introductory : In which is considered the historical points—disinfection among the ancients ; the process of embalming ; state of hygiene in ancient Rome ; modern disinfection.

Substances upon which Disinfectants are intended to act : This section very sufficiently treats of the whole subject of the *materies morbi*.

Mode of Action of Disinfectants, and Applications of Disinfectants : In regard to the disinfection of air, Dr. B. expresses great faith in *ozone* liberated from permanganate of potash, moistened with sulphuric acid, or by the oxidation of phosphorus. *Chlorine* he regards as efficient, but requiring a large amount to destroy the *materies morbi*.

For disinfecting the *discharges from the sick, cess pools, privies, vaults*, and the like, the sulphate of iron is cheap and efficient, but affords a disagreeable black to organic matters. The sulphate of zinc is effectual but expensive. If the discharges are odorless, a solution of *carbolic acid* will effectually destroy any morbid matter which they may contain, and will also prevent the development of the putrefactive fermentation. For the disinfection of cholera-stools and vomited matter, a solution of carbolic acid is the best agent."

Just exactly the part which "bad air" and putrefactive gasses play in the excitation of epidemic disease is still by no means clearly understood, and we are satisfied often expressed in extravagant terms. For instance, our author himself in another contribution on this same subject, uses the following language: "During the late epidemic of cholera in Cincinnati, we saw numerous instances of the influence of sewage gasses in increasing the virulence and mortality from that disease. Thus, tenement houses, situated about the open mouths of sewers, in several localities, under our observation, were almost depopulated by cholera, when other hygienic conditions were not unfavorable."—*Am. Jour.*, July, 1867, p. 151.

Now, the truth is, we do not know of anything in the history of cholera in our city last season, that supports this statement, and writers of the position of our author should be careful not to make statements so well calculated to sustain the idea of many persons abroad that ours is a "terrible filthy city."—a "fit hot-bed of epidemic disease." The greatest fatality in any single tenement house last year, as reported by the Health Officer, was in a building on Pleasant street, far removed from any sewage

emanations, and there were FIVE DEATHS in this one house—certainly far from an approach to our idea of *depopulation*.

Physicians will read Dr. Bartholow's book with interest; and if we have ventured to make some friendly criticisms, it is also in part because it is a book that will bear criticism.

For sale by R. W. Carroll & Co. Price, \$1 00.

A PRACTICAL GUIDE TO THE STUDY OF THE DISEASES OF THE EYE.

Their Medical and Surgical Treatment. By HENRY W. WILLIAMS, M. D., Cantab, Ophthalmic Physician to the City Hospital, Boston, etc., etc., etc. Second edition, revised and enlarged. Boston: Ticknor & Fields, 1867.

It was our pleasure to notice the first edition of this excellent manual, several years ago; and we congratulate the author that the profession has accorded to his effort so full a degree of regard as to call for this new and revised edition. We are pleased, too, to note the wonderful improvement which a few years has effected in the mechanical execution of medical books. The volume before us is in the highest style of the publishers' art; the beautiful toned and tinted paper is a luxury to handle, while the letter press is clear and elegant. Thus, Messrs. Ticknor & Fields have brought to this professional work, the same energetic taste that is seen in their purely literary publications.

Since the appearance of the first edition the author of this work has thoroughly revised its matter, and added the important advances which this part of our science has been recently making. The most noticeable additions of our author are embraced in the form of an appendix.

Most physicians are called upon to treat the more common affections of the eye, and to such this book affords a reliable reference, at the same time that it is brief and convenient in compass.

For sale by R. W. Carroll & Co. Price, \$3 00.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE. A

Handy Book for Students and Practitioners By HENRY HARTSHORNE, M. D., Professor of Hygiene in the University of Pennsylvania, Auxiliary Faculty of Medicine, etc., etc. Philadelphia: Henry C. Lea, 1867.

The neat little volume before us is rather a manual than a text book. It is a condensed summary of our present knowledge of the theory and practice of medicine. For the well read physi-

cian it presents at a brief glance a remembrance of facts; but to the student it is necessarily meagre and unsatisfactory. Just as its name imports, it is a "handy book" to the practitioner, and perhaps the student busy with the full meted hours of the lecture room, will find it a convenient book of reference. Bating this view of the work, our author has accomplished his undertaking well. He expresses his ideas with clearness, so that certainly in the brief space of the volume, it is difficult to see how more doctrines and precepts could well be condensed.

For sale by Robt. Clarke & Co. Price, \$2 63.

PAMPHLETS—

MENSTRUATION, or the Menstrual Flow; an epiphenomenon of ovulation. An argumentative treatise, read before the St Louis Medical Society, on the question: Is menstruation ovulation? By G. M. B. Maughs, M. D., Professor of Obstetrics, &c.

TRANSACTIONS of the Medical Society of the State of Kansas, for the year 1867, contains the interesting address of the President, Dr. C. A. Logan, with other excellent papers.

MEDICAL COMMUNICATIONS of the Massachusetts Medical Society, 1867.

QUARTERLY SUMMARY of the transactions of the College of Physicians of Philadelphia.

PRIZE ESSAY on Medical and Vital Statistics. By Franklin Hough, M. D., Lowville. N. Y. For the Brinsmade Prize—New York Medical Society, 1867. We like this essay, and intended a full notice of it, but want of space has crowded us into this narrow margin.

Abstracts and Selections.

PRACTICAL MEDICINE.

Chloroform to the Dying.

Dr. Joseph Buller, physician to the Royal South Hants Infirmary, in an article with the above caption in the *British Medical Journal*, makes some interesting remarks upon the propriety of administering chloroform to the dying. The cases to which

its use, in his opinion, seems applicable, are those in which there are extreme restlessness and sleeplessness, accompanying the exhaustion of the last days or weeks of the life of the very aged, especially when (as is often the case) the mental consciousness is still active, and the failure of power in the vital organs is actually felt, with none of that physical courage to bear the suffering which the same patients had when younger and stronger. At this time opiates seem useless; in fact, all efforts towards the alleviation of the distressing symptoms seem utterly futile without the anæsthetic. From some cases that he records as having come under his personal observation, it would seem that the chloroform, properly regulated, acted as a nerve stimulant, quieting pain, but still not interfering with the process of intellection.—*Medical Record.*

OBITUARY.

Died, in Montgomery, Alabama, June 6, 1867, GUSTAVUS A. NOTT, M. D., Professor of Materia Medica in the Medical Department of the University of Louisiana. Prof. Nott was an accomplished gentleman and physician, and a devoted teacher of medicine.

Died, at Houston, Texas, July 8, 1867, Dr. ROBERT J. BRECKINRIDGE. Dr. B. served in the late Confederate army as Inspector of Hospitals for the Army of Northern Virginia.

The *Union Medicale* announces the death of Civiale, celebrated as the great lithotritist. He died at the age of 75 years. He had received high professional honors, and accumulated a large fortune.

On the 23d of June last is also announced the death of TROUSSEAU, after several months of cruel suffering. His disease was cancer of the stomach, and so serenely did he contemplate his death that he calmly detailed to his medical friends the progressive march of his fatal disease which he had accurately diagnosed.

Business Notices and Acknowledgements.

NEW BOOKS—

MAUDSLEY—Physiology and Pathology of the mind. D. Appleton & Co, New York.

ERICHSEN—Nervous Injuries. H. C. Lea.

BARTHOLOW—Principles and practice of disinfection. R. W. Carroll & Co.

HARTSHORNE—Essentials of Practical Medicine. H. C. Lea.

WILLIAMS—Diseases of the Eye. Ticknor & Fields.

PETERS—Notes on Asiatic Cholera. New Edition.

To Subscribers.

With the present number of this journal we send out bills to all those who appear in arrears on our books. It is of course possible that we have made mistakes. If so, we shall cheerfully correct. For the most part our subscribers have been so prompt in payment that we have neglected this business feature of our labors for a long time, and we are painfully surprised to find so many delinquent names on our list. We never needed money for the current expenses of our journal worse than at the present, and we trust our friends will *at once*, without any unnecessary delay, remit to us the amounts as exhibited in the accounts herewith rendered.

MR. JOHN F. BLACK, of New Carlisle, Ohio, has placed us under renewed obligations by forwarding to us a generous specimen of his "American Sherry wine," which many practitioners are now using with satisfaction.

DR. E. H. M. SELL, of No, 151 East Thirtieth street, New York, is authorized to receive advertisements and subscriptions for this journal, and receipt for cash payments on the same.

THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

OCTOBER, 1867.

No. 10.

Original Communications.

ART. I.—*Alcohol*. By W. L. SCHENCK, M. D.,
Franklin, O.

IN differing from time-honored principles, sustained by an almost unanimous public sentiment, we may subject ourselves to severe criticism; but in searching after truth we should weigh opinions regardless of the age or the weight of authority by which they are sustained. Casting aside old impressions, which are apt to cling to us like prejudice and habit, we should candidly investigate. In this spirit let us examine the physiological action of alcohol. Its frequent use as a medicine, and its yet more frequent use as a beverage, its influence in relieving, and its yet greater influence in producing disease, makes it worthy our candid consideration. Life—the ever watchful, active life—is constantly laboring to remove the particles of the body worn out by the attrition of use and replace them with new material, thus preserving its form and function. Prof. Chambers, in his delightful book, “The Renewal of Life,” says: “The most perfect metamorphosis of the body possible, the highest possible development of life in every part is HEALTH.”

Whatever increases vitality tends to health and life, whatever decreases it tends to disease and death. All stimulants excite organic action, increase metamorphosis and vitality. Is alcohol a stimulant? The teaching of almost the entire world answers affirmatively. Does it answer truly? When brought in contact with the living body it produces redness, and this is one of the supposed evidences that it is a stimulant. Careful examination

will show that it destroys the tonicity of the walls of the blood vessels with which it comes in contact, and then results dilatation and retention of blood, hence its redened and congested appearance. Surely this remora in the circulation, caused by the relaxation of tissue, is not an evidence of exalted vitality.

When applied to the mucous surfaces it increases the "secretion" of mucus: thus, when swallowed, as the old toper says, it "cuts the phlegm," and this, we are told, is another evidence of increased vital action—the result of a stimulant. All who have stood beside the dying patient, and listened to the "death rattle," are aware that death also excites the secretion of mucus. Does death, therefore, increase vitality? It acts in precisely the same way with alcohol. What is mucus? Partially developed blasted epithelial cells, the evidence of lowered vitality—of disease—for *disease never increases vitality*. No one feels well with a constant flow of mucus from his nasal membrane, and dysenteric discharges give increase of health.

Alcohol cuts the phlegm because it lowers vital action and causes the undeveloped epithelial cells to be thrown off as mucus. But this mucus buds and divides itself so rapidly that it speedily develops an amount of matter much larger than the epithelium it was originally intended to produce; and, therefore, from this increased activity and increased substance, it is agreed there must be increased vitality. But what is this activity? That which is manifested in the lowest forms of life, for as we descend in the scale of life reproduction increases in profuseness and rapidity. And what kind of substance is produced? In its highest development the cell ceases to reproduce itself. It is perfect, and when it has served its purpose it returns to the dust and is replaced by another cell. When arrested in its development at a lower degree of life, we have this rapid reproduction striving toward a perfect cell, but exhausting itself in a vain effort. Thus the rapidity of the reproduction and the substance produced alike demonstrate that they are the result of lowered and not exalted vitality; and if the condition causing the secretion of mucus be long continued, or greatly increased, albumen or fat escapes, and we have muco-purulent or purulent "secretion." These results from alcohol were beautifully exemplified in the case of Alexis St. Martin. Doctor Beaumont says: "He has been drinking ardent spirits pretty freely for the past eight or ten days; stomach not healthy, erythema with aphthous patches

and vitiated secretions," and when the potations had been continued a few days longer he says "the gastric fluids extracted this morning were mixed with a large proportion of thick ropy mucus, and considerable muco-purulent matter, slightly tinged with blood, resembling discharges from the bowels in chronic dysentery." And he informs us that the free use of ardent spirits—wine, beer, or any intoxicating liquor, invariably produced these results.

Prof. Chambers in his work "On the Indigestions," says "the immediate effects of dilute alcohol on mucous membranes are first, to dry them, by staying the aqueous exhalation, and shortly to damp them with an abnormal formation of mucus, to retard the capillary circulation and to deaden the sensibility of the nerves." Surely this diminution of the natural secretion or exhalation of the mucous membranes, is no more to be considered the result of a stimulant than the formation of mucus. It is the evidence of arrested vital action combined with the operation of that physical law by which animal tissues, from the difference in their capillary attraction for it and water expel larger quantities of water than they absorb of alcohol. Of the last effect named by Prof. C., the deadening of sensibility, he remarks in indigestion, "*this is its use.*" When concentrated alcohol is brought into contact with the nerves it produces paralysis; when dilute, paresis. Immerse an earth worm in concentrated alcohol and it never afterward moves; apply it to the leg of a frog and you destroy sensation and motion in the limb; swallow it and you have immediate paralysis of the gastric nerves, and die as from a blow upon the stomach. Dr. Edward Smith, from a series of carefully conducted experiments, reported in the Transactions of the Royal Society, 1859, says "Temperate men, after taking brandy with a fasting stomach, always have lessened consciousness, lessened sensibility to sound, to light and to touch, and there is a peculiar sensation of stiffness in the lips and cheeks," and we have known drinking men who always decided how much under the influence of alcohol they were by the degree of numbness they experienced in passing the fingers over their cheeks. This, as they expressed it, was their "guage." Are these well known effects the result of a nervous stimulant?

A burning sensation is felt in the throat when alcohol is swallowed, and this is considered an evidence of vital exaltation. Perfect health feels no pain. It is only experienced when there

is a departure from health, and every such departure is an evidence of lessened, not increased, vitality. Put your hand in the fire and you have pain, and the pain increases until death in the part comes to your relief. Is life highest when nearest death? The painful sensation experienced when alcohol is swallowed is no more the result of a stimulant than any other painful sensation. Alcoholic liquors increase the frequency of the heart's action, and hence, another supposed evidence of their stimulating character. Where do we find this action most frequent? In the almost countless flutter of extreme exhaustion. To produce a given effect the frequency of the strokes must be increased in direct proportion with the diminution of their force. Digitalis is set down in our dictionaries and dispensatories as a powerful sedative, because it lessens the frequency of the heart's action. Is that a sedative which gives tone to the weak and flaccid cardiac muscles, enabling them to perform with one stroke what they were unable to effect with many? Neither is that a stimulant which destroys their tone until many efforts are required to perform what should be accomplished by one.

It is claimed that alcohol increases the temperature of the body and hence stimulates. Prof. Carpenter informs us in his "Prize Essay on the Use and Abuse of Alcoholic Liquors," that "the power of alcoholic liquors to enable the body to resist the depressing influence of cold is, perhaps, the best established of all its attributes, not merely in the estimation of the uninformed public, but in the opinion of those who have scientifically considered the question. The genial warmth experienced from a glass of spirits affords unmistakable evidence of its heat producing power; and that it does not merely act as a stimulant, increasing the activity of the circulation and augmenting the nervous energy, but that it affords material for that combustive process by which the heat of the body is maintained." *If it did* increase the temperature of the body the deduction that it augmented nervous energy would not follow. It is too like the theory that "cold is death and heat is life." Is not this abnormally increased heat, as in fever, due to deficient evaporation from the skin and lungs rather than to augmented nervous energy? But alcohol does not increase animal heat, as may be easily demonstrated by any one either upon man or the inferior animals, with a little brandy and a thermometer.

In a paper published in the *London Lancet*, August, 1866, Dr.

Sidney Ringer, Professor of Materia Medica, University College, says "I gave alcohol in poisonous doses in three non-febril adults. The temperature was greatly depressed in two. In the third it was but little influenced. The subject of this observation was a confirmed drunkard. Alcohol was injected into the rectum of two rabbits; in both the temperature was considerably depressed. Alcohol was given in ordinary doses to eleven non-febril patients. In eight the temperature was depressed, in three it was unaffected. These three were strong athletic men, and two of them confessed free drinkers." The author concludes from his experiments that in poisonous doses alcohol causes in non-febril persons very considerable falling of the temperature of the body, and in small doses slight depression. In febril persons, in whatever doses given, he found it also produced slight depression of the temperature. Dr Carpenter's statement that it increases the temperature of the body having proved erroneous, we shall, of course, expect to find that his deduction that it "enables the body to resist the depressing influence of cold," is also erroneous. Surgeon Hays, commander of the second Grinnell expedition, says of the use of alcoholic liquors in high latitudes: "*They lessened the power of resisting cold,*" and why should we expect any other result from an agent that narcotizes the nervous system, that seriously interferes with digestion, and that lessens the force of the circulation. But the old tippler, like the learned professor, questions this philosophy, because it seems to conflict with his experience. He says: "Don't I know they warm the stomach." He does not. His experience is fallacious, unless he drinks those modern beverages that contain a fair proportion of capsicum and other similar articles. From purely alcoholic beverages the seeming internal warmth is but the result of insensibility to external cold. The dram drinker's experience is the same with all external influences. Much as we are disposed to laugh at the idea, he tells us truly that he feels a like relief from heat and cold, from moisture and drouth. By reason of the anæsthetic power of these beverages he is oblivious not only to climatic changes, but as Burns sang:

"Gie him strong drink until he wink,
That's *sinking in despair*;
And liquor guid to fire his bluid
That's *press'd wi grief and care*;
Then let him bouse, an' deep carouse,

In bumpers flowing o'er,
Till he *forgets his loves or debts*,
An' *minds his griefs no more.*"

Nature's poet could speak from experience, but knowing nothing of physiology, "fell death's untimely frost" soon carried him to the grave. Alcohol cast a narcotic mantle over the suffering body and sorrowing soul, but instead of increasing it lessened vital action. Even Dr. Brown (author of the Brownian theory), with all his physiology, believing and teaching that alcohol added directly to vitality, and acting upon this faith, in his ruined health and premature death abundantly demonstrate the fallacy of his theory. Alcohol adds no vitality to the body, gives no fortitude to the soul, but subjects both to a temporary burial in the waters of Lethe.

The philosopher, by the action of his mind, the mechanic, by the use of his muscles, stimulate vital action. Construction and destruction are accelerated; the former manifested in the vigorous mind and muscle, the latter in the increased friction and drain seen in the larger quantities of carbon, nitrogen, hydrogen, and oxygen thrown off by the liver, lungs, kidneys and skin. Does alcohol thus stimulate metamorphosis? Prof. Chambers, from experiments made at St. Mary's hospital, London, says: "When taken in the dram drinker's fashion, alcohol always diminishes and renders irregular vital metamorphosis in all parts of the body." But, he says, when taken in small quantities, with the daily food, it improved digestion, increased the renewal of muscle, and the excretion of urea, of the chlorides and sulphates, but decreased the excretion of the phosphates, and retarded the renewal of the nervous tissue. These experiments showed that alcohol whenever taken, and in whatever quantity, always diminished metamorphosis in the nervous system; but how it was increased elsewhere, whilst in that system which is the source of all power, it was diminished, is beyond our speculation.

However widely their theory of the action of alcohol differs, there is little difference in the practice of intelligent physicians. We receive beneficial results from its use in those diseases, and in those only, where the nervous system is exhausting itself and the body by an activity in excess of the other functions. Delirium, in exhaustive diseases, is always a sign that the destruction of nervous tissues is too great. What then is the indication? A nervous stimulant? Nervous action is already greater than

the feeble body can sustain, and the activity of destructive metamorphoses is evidenced in the high specific gravity of the urine. Yet, these are the cases in which we all give alcohol with beneficial results. It checks destructive metamorphosis and gives time to build up with beef and iron. If alcohol was a stimulant its place would be in diseases resulting from the retention of effete matter. But no one would think of prescribing it in uræmia or icterus, except for the purpose the old surgeon accused his fellows with using a poultice, as a "slut cover" to deceive the patient with a seeming good.

In pulmonary consumption some intelligent physicians have prescribed it with almost as liberal a hand as the old toper, and it would seem for very much the same purpose—to cover the sore. When swallowed, after blunting the sensibility of the gastric nerves and causing the free discharge of mucus, thus seriously interfering with digestion, it passes unchanged into the circulation, where, by its chemical affinities and unchanged action, it deteriorates the vital fluid, and when borne to the lung it lowers its vitality, lessening both constructive and destructive metamorphosis, and causing, as in the stomach, the undeveloped epithelial cells to be thrown off as mucus, and this interferes with the oxygenation and decarbonization of the blood. It is prescribed as a stimulant, but serves only as a mask behind which the destroyer strengthens his forces for the onset. By its anæsthetic action it often deceives the patient, who only realizes his true condition when the disease has made such progress as will defy mortal skill. In consumption we do not fear the deposition of a few tubercles. An autopsy often reveals them in persons who had never suspected their existence. It is the deposition of new crops, the constitutional habit, that makes greater and yet greater encroachments upon the lung. If we can increase the appetite, strengthen the digestion, pour into the circulation blood rich in albumen and hematine, and stimulate vital metamorphosis—a healthy cell renewal, we will have changed that low vitality which continues to deposit tuberculous matter; and have cured our patient. Will not alcohol prevent rather than effect these necessary changes?

In the great nervous excitement of delirium tremens, as in other atomic delirious diseases, the nervous system is active beyond the endurance of the enfeebled body; yet, the common practice is to resort for relief to this "nervous stimulant," alcohol, and it acts beneficially in arresting destructive metamorphosis and

rendering the spirit oblivious to the action of the diseased body; but the respite is brief unless the digestive powers are restored, and the strength renewed by animal diet and feruginous tonics.

Alcohol, whether administered in small doses or larger, whether given for a short period or continuously, never increases the force of the nervous system, never adds power to vitality, but, on the contrary, it always lessens nerve force and lowers its action upon metamorphosis; and it is from this blunting of the sensibility to corporeal pain, this partial severing of the link that binds the spirit to earth that then arises from its moderate use intellectual freedom and brilliancy. It is not the result of a stimulant, for sleep often acts in the same way; the spirit freed from physical control and care, manifesting far greater intellectual power than it ever evidenced during its waking hours. Thus, in the case of the girl given by Dr. Abercrombie, who imitated accurately the notes and tunes she had heard on the violin and piano, and who discoursed forcibly and eloquently during sleep, but who, when awake, was ignorant of music and unusually stupid. Even death, as it draws the narcotic mantle over the decaying body, and the soul is freed from pain and anxiety, often exhibits an elevation of spirit unknown in health, as when the dying christian, lifted up to heaven, seems already to enjoy its glories. But in these cases, as when under the influence of alcohol, as the soul is guided less and less by the senses, as they pass more and more thoroughly under the anæsthetic, the power of attention to a single train of thought is lessened, the expressions become more and more incoherent, until delirium or death closes the scene.

ART. II.—*Injection of the Saturated Solution of Per-Sulphate of Iron, in Post Partum Hemorrhage.* By GEO. MENDENHALL, M. D., Professor of Obstetrics in the Miami Medical College, Cincinnati.

MRS. M——, aged 24 years, seven and half months advanced in her second pregnancy, was taken in labor on the night of the 7th of September. I saw her at 5 o'clock on the morning of the 8th. The child's head was pressing on the perineum, the pains feeble and occurring at intervals of about five

minutes. There was some discharge of blood from the vagina—perhaps six or eight ounces in all, previous to delivery. In the course of two hours (after changing her position to the back), the uterine contraction became more active, and after a few pains the child was expelled in a feeble condition. Along with the expulsion of the child came a considerable quantity of coagulated blood. The uterus contracted feebly, just sufficient to settle down in contact with the placenta, but not to expel it. The hemorrhage continued with some rapidity, and I assisted in the removal of the after birth by pressure on the fundus of the uterus and pressing the placenta gently with the fore finger of the right hand on that portion in the vagina and neck of the uterus. In this way it was soon delivered entire. The uterus was small and very soft, and manipulation with it had no perceptible effect in producing firm contractions or arresting the hemorrhage. I then introduced a piece of ice into the vagina and into the cavity of the uterus, which was repeated several times with little or no abatement in the hemorrhage. The patient soon became restless, the pulse feeble, and the respiration irregular. I procured as quickly as possible four ounces of *Monsel's saturated solution of Per Sulphate of Iron*; and the best syringe I could get in the hurry of the moment was a straight glass female syringe of uniform dimensions, holding about one and a half ounces. This was charged with the solution and introduced into the the uterus as high as it could be passed and then emptied of its contents. It was withdrawn, re-charged, and again introduced as high as possible, but not to the same extent as at first, and again discharged into the uterus. The hemorrhage immediately ceased, the pulse slowly regained its strength, and in a short time the patient was again comfortable. Not a drop of red blood made its appearance externally for about forty-eight hours, when the lochia gradually appeared, with at first slight tinges of coloring matter, increasing in quantity and in the red appearance usual in cases of delivery. I have used this remedy four times in extreme cases of post-partum hemorrhage successfully in stopping the discharge promptly. In one case the hemorrhage returned on the second or third day. It was again arrested promptly, but re-appeared in about thirty hours, and finally the patient sank from exhaustion. A hemorrhagic diathesis evidently existed in this case which resisted all the means used in checking the discharge. In all the other cases the arrestation of the hemorrhage was

prompt, complete and permanent. The remedy is safe, and produces little or no pain at the time. Severe after-pains sometimes occur from the presence of the hard clots in the uterus which are difficult of expulsion; but these pains may soon be relieved by an opiate, as in other cases, until they are expelled. When this remedy is used the uterus should be emptied as completely as possible of blood, either by the hand or injections of water, so as to allow it to come in contact with the uterine walls. Should the uterus contain much blood the solution will mix with it and not come in contact with the bleeding vessels, and, of course, its powerful astringent effect on the vital tissues will be lost. The detention of the injection in the organ for a time would add to its certainty of effect. In making the application I prefer the introduction of one hand into the vagina, and partly into the uterus, and passing an elastic catheter along the palm into the body and fundus, then placing the nozzle of the syringe in the end of the catheter, and passing the injection through it. In one case a hard rubber straight female syringe was used, and succeeded very well, while in the present case the glass instrument of similar shape answered very well. The size of the syringe in these cases prevented the rapid escape of the solution, which can, however, be better controlled by the position of the hand in the vagina and uterus, when the catheter is carried up. The use of the glass syringe is not free from liability to accidents from breakage.

We have in the per-sulphate a very safe and almost certain remedy in cases of post partum hemorrhage if properly applied and the uterus thoroughly emptied previously to its use.

ART. III.—*Aphasia.* By A. BUCKINGHAM, M. D., Cincinnati.

THIS subject having been brought to the Academy of Medicine in a very interesting report of a case by Dr. B. F. Stevenson, and commented upon in a very learned manner by several of the most accomplished members of that eminently scientific society, it might not be uninteresting to the readers of the LANCET AND OBSERVER to read a report of two cases in which an opportunity was afforded for a post-mortem examination, and one very hope-

less case that surprised every one concerned by making a complete recovery. These cases came under observation during the summer of 1863. at Camp Dennison, U. S. A. General Hospital. They were looked upon as diseases of the brain, the aphasia being regarded as one of the most prominent symptoms. The observations were not taken with a view to confirm or refute any theory, but the association of symptoms were merely noted and the post-mortem phenomena recorded to afford data for present and future reflection. I propose to give the symptoms and post-mortem appearances as they were noted before and recorded after death, and wish to remind the reader that lesions may have existed, that had we been examining for a specific purpose, might have been recognized.

CASE FIRST.—Theodore Weis, of a Massachusetts regiment, 27 years old, a schoolmaster by profession, medium size, light hair, and a dingy complexion, is a convalescent from typhoid fever. During the course of this fever he enjoyed the hospitality of a U. S. A. General Hospital, at Nashville, Tenn. He has been a convalescent for about six weeks; has alopecia; is very anemic; lounges on his bed most of the time; eats moderately; does not engage in conversation voluntarily, and when interrogated, answers questions with great hesitation. His most marked mental condition is want of ordinary celerity of thought. He requires so long to answer that we turn away for want of time. It was supposed that this would pass away in time by improved blood, which condition was sought by the use of Huxham's Tinct. and Vallet's Mass. About six weeks after his arrival he complained of headache and general uneasiness, and that he could not sleep well. I gave the standard dose of extract of hyosciamus, and passed on. The next morning, in making my round, my attention was called to him most particularly. He did not arise and dress as usual, and when inquired of as to his general condition, answered "odeism. derim, rism wism odeism derim." He made effort to grasp my watch when drawn to take note of his pulse. This effort was made with the right hand, the left remaining quiet. He had use of his lower extremities. His pulse was sixty-four, tongue pale, ural secretion scanty. This state of the nervous system wore off toward evening, and the patient answered questions as before the attack, and thought that he had had a very bad night of it. He complained of pain of the head and general uneasiness throughout the body. I did not know but that the hyosciamus

prescribed the previous evening might have produced this condition, owing to an unknown idiosyncrasy, and, therefore, that mild anodyne was discarded in his case, and whisky, dovers powder, and revulsives had recourse to. During the night he had an exacerbation, and in the morning the symptoms were much intensified. Questions did not elicit replies. The left arm remained wherever it was placed. The discharges were involuntary. The pulse eighty, respiration twelve, surface warm and dry. Toward evening of this day his set words were spoken again, viz. "odeism, deism rism," etc. He rested badly during the night, and the next morning his pulse had mounted up to 120, his respiration still slow, and during the afternoon and evening his pulse became too numerous to discriminate, and a little later trembled away into imperceptibility.

POST MORTEM.

There were present Drs. Wm. B. Chapman, the late lamented Chaney, Palmer, Wade, Cline, Courtright and myself. The calvaria and membranes having been removed, the brain was rolled out of its situation and placed in a convenient position for examination. The centrum ovale minor, centrum ovale major, and by perpendicular cleavage every remove from the apex to the latter plane was carefully examined, and decided to be normal. The corpus callosum was next divided and the lateral ventricles exposed. The serum was rather abundant and quite opaline. The knife being drawn from the ventricles outward, dividing the remaining portion of brain perpendicularly, the substance external to the middle and the floor of the posterior cornua was found in a state of softening. This softening extended down to the basilar surface and was confined to the right side. The left side did not present any morbid appearances. The body was not examined in any other part.

CASE SECOND—Salmon Ware, Co. C, Ohio Regiment Ware came from the front, where he had received a gun shot wound of the head. The ball entered the nasal protuberance to the right of the median line, and coursing across, left the head behind the left external angular process of the frontal. The eye had been wounded and the resulting inflammation had terminated in its loss. A muco-purulent fluid flowed from the internal canthus. This patient came to the third division by the friendly offices of the ambulance driver, who gave him passage as far as practicable,

and from that assisted to walk into the ward. After resting from the fatigues of the journey, he walked without assistance to the table for food, and to the front of the ward for recreation.

He continued to recover from his wound for about three weeks when untoward symptoms supervened. He first lost his power of speech and memory, and then, though no special paralysis occurred, he became very weak, so much so that he remained in bed and required assistance to get up to attend to temporal wants. He was always able to make known these requirements. He remained in this condition about three weeks when a tumor appeared in the left orbit, in proximity with the root of the nose. The muco-purulent fluid had ceased to flow some time before the appearance of this tumor. The remaining eye was lively and would follow the observer about, and being so attentive would induce questions. No answers would be given in the least intelligible. The respiration was easy and regular. The pulse eighty-two, but would vary during the day and with the attitude of the patient. The pupils were affected by light, but in the main were dilated. The state of this patient's brain became a question of intense interest, and parties entertained very different opinions. One party claimed compression and the consequent use of the trephine if the front of the pressure could be determined. The other claimed that the absence of a slow pulse, difficult breathing and paralysis on the one hand and partial intelligence on the other, forbid the use of the trephine in this case, all things considered. The exact nature of the tumor was not known, and conjecture took a wide range. One said it was *hernia cerebri*, another that it was an abscess, another auscultated and palpated with an eye to aneurism; another said may be it's a thrombus. Some one spoke of encephaloid and others remained silent.

I have been but an intensely interested spectator in this case, it belongs to the third and not to the seventh division. So happy was the state of social feeling in the hospital at that time, that notwithstanding this, I had uninterrupted and uninfluenced access to the patient, and the peculiarity of the case elicited general attention from the medical fraternity. The medical officer in immediate attendance in conjunction with Dr. Varian, surgeon in charge, determined on a plan of treatment, and having procured many instruments, and placed them at convenient distances, we were very kindly called in and informed that the case was to be trephined. There were present Drs. Varian, Wade, Cheney,

Cline, Harper, Peck, myself and the operator. After the preliminaries had been completed, the operator indicated a party to administer the chloroform, another to observe the pulse, and others to assist as required. The superior eyelid of the left side was raised, and by way of disposing of the tumor to get down to the supra orbital plate, it was increased, and to the great surprise of the operator, a most copious flow of muco-purulent fluid welled out, inundating the face and flowing on the linen. Farther proceeding was now abandoned, the incision partly closed up and the patient replaced in bed. As the influence of the chloroform passed away the patient began to show signs of returning intelligence, and in a short time he conversed with the doctor and his friends with a fair degree of celerity of thought and readiness of language. For a few days he was reported better and sanguine hopes were entertained of his ultimate recovery. Untoward symptoms then came on—acute pains of the head, high fever, loss of the five senses, and without detailing the successive steps to that end, I will abbreviate by announcing that his death occurred on the third day.

PGST-MORTEM.

Present Cheney, Cline, Burrows, Wade, Varian and myself. The calvaria being removed, leaving the dura mater in situ, a flat surface was observed behind the left frontal eminence. The membranes being incised obliquely downward toward the median line in the center of the plane surface, an abscess was laid open. This abscess was about the size and shape of one half of a medium sized egg, cut longitudinally, the larger end lying upward and outward behind the frontal eminence, and the smaller downward and inward at the inner extremity of the frontal sinus. The two layers of arachnoid were attached to each other, and to the brain substance around the abscess, preventing the flow of pus over the brain. The brain substance around the cavity was hardened for about one line and a half. The induration was best recognized by contrasting the sac with the adjacent brain. Its outer surface was not well defined, but passed by imperceptible shades into the normal tissue. The internal table of the orbital plate was broken upward, the fracture running from the median line across to the left temple, just behind the junction of the perpendicular with the horizontal lamina. Another fracture met this about half way across, running back almost to the lesser wing of the sphenoid.

The broken surfaces were partially slipped apart each other, and it was remarkable that they had made little or no effort to reparation.

The dura mater covering these fractures was in a state of extreme hyperemia, but had thrown out little or no reparative lymph. There was no connection between this fracture except near the median line, where the ball had carried away a small portion of bone and wounded the dura mater. The external plate was partly carried away.

CASE THIRD.—John Fox, teamster. This case was treated by Dr. Wm. B. Chapman, and is remarkable for making a good recovery after being unable to speak for about nine months. He was not only unable to speak, but seemed almost entirely demented. He was able to walk from the depot to the third division, and followed the squad like a straggling sheep follows the drove. The information derived from those accompanying him was that he had received a severe blow on the left hypogastric region. Examination of the surface of this region and the organs beneath, revealed no marks on the former nor tenderness of the latter, caused by this blow, if ever received. He never spoke, and his attendant was never satisfied that he enjoyed his sense of hearing, or that he recognized orders. He had dysphagia, and would quit eating several times during one meal, but when ordered to it would begin again. He was very harmless, and when left in any position or place would remain substantially so or there until removed. Orders were never heeded; he comprehended motions better than sound, and when led to the bed and the spread folded down, would retire with his apparel on. At first, like a child, in whatever position, or under whatever circumstances obtained, when nature sought to relieve herself. He had no paralysis, but a very enervated condition of the whole body.

Exceptions might be taken to this, however, and the dysphagia and deafness accounted for as conditions of paralysis. There was anæsthesia of the whole cutaneous surface, as was proven by his tolerance of counter irritants—pinching, pricking, and the like. He had no spinal irritation that could be detected, nor could anything be detected in regard to his head save a linear cicatrix. The treatment consisted of alteratives and tonics (nervine and chalybeate) at first, and later, of strychnia and electricity. He gradually improved, and in four months was plethoric, fleshy and active. He had recovered his intelligence sufficient to repair to

the water closet when necessary, and ate with little dysphagia. About three months more elapsed when the use of the magneto-electro current was had recourse to, and under its use in one month the patient began to speak some short words. The power of speech returned very rapidly from this, and in nine months from his arrival he was regarded restored. Previous to his return of speech he gave remarkable evidence of his power of hearing. Having recovered his power of conversation he informed us that the past was a blank to him. He remembers that which took place before a period dating back nine months and a half.

ART. IV.—*Extraction of a Grain of Corn from the Trachea of a Boy.* By Dr. JACOB T. DAVIS, M. D., Laconia, Ind.

OCTOBER 29th. Was called to-day at noon to see a boy, seven years of age, who, while shelling corn with his brothers, had attempted to catch a grain in his mouth. It passed in the mouth, and through the rimer glottidis into the trachea. This occurred an hour before my arrival. I at once proceeded to examine him in order to find whether the grain of corn was still in the trachea, or whether it could be extracted in any way without an operation. Having satisfied myself that it was still there I gave an emetic, hoping that it would possibly cause it to be thrown up. He vomited freely, which gave him some relief, but did not throw up the corn. Erhines were then tried, but failed to do any good. He was then stood upon his head and shaken smartly, but it proved useless.

I then informed the father that in my opinion nothing could be done for his boy unless tracheotomy was performed. He then sent for Dr. Mitchell, of the Grassy Valley, to come and see him with me. We met the next day, and after examining him decided not to operate, but to wait a day or two, provided the breathing was not interrupted too much. We came to this decision from the fact that he had rested well the most of the night previous, and at the time of our meeting seemed to be tolerably easy.

Guersant says: "Round solid bodies have a tendency to change their place; and these bodies pass from the larynx into the tra-

chea, or remain in the ventricles of the trachea when they are small, or descend into the bronchi. It is in cases of this nature that foreign bodies change their places, giving rise to intermissions of the symptoms, leading to the belief that no foreign body is present, because the most frightful paroxysms of cough and suffocation were succeeded by a perfect calm."

Nov. 1st. Was called at one o'clock this morning in great haste; found him laboring under great difficulty of breathing: gave him an emetic which gave some relief. He was free from any paroxysm of coughing for several hours after. At night he got a great deal worse, coughing so hard that it seemed as if it would throw him into convulsions. He now stated that he could at times feel the grain of corn move up and down. He continued to grow worse. I then requested that Dr. A. S. Green, of New Albany, be sent for without delay, which was done. He came the next day, and after examining the boy, decided that nothing but an operation would save him. This being agreed upon by his father, chloroform was administered, and the operation of tracheotomy (by Dr. Green) was performed in the usual manner, venous hemorrhage being controlled with *sol. feri per sulph.* As soon as the rings of the trachea were divided the grain of corn was seen at the aperture, was seized by forceps and extracted immediately. A very small amount of blood was lost, not over three drachms. The incision was then closed with sutures of fine iron wire. After the effects of the chloroform had passed off he became very restless; to subdue this we gave small doses of *morph. sulph.*

Nov. 3. Has rested tolerably well all night but is considerably prostrated. Noon. Examined his lungs, found the left one greatly inflamed, considerable fever, pulse 120. Applied hot hop cataplasm over lungs: gave as much stimulants as he could possibly bear; also gave quinia sulph. gr. j. every two hours, with a plentiful supply of milk and broths.

As there was a good deal of mucus passing through the wound gave expectorants, also left it partly open. Had this been neglected it is evident he could not have survived.

Nov. 4. Has rested tolerably well through the night, the inflammation of the lung somewhat subsiding, has less fever, pulse better, appetite increasing, continued treatment, ordered his neck to be kept clean and free from mucus.

Nov. 5. Found him better, the inflammation of the lung sub-

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siding finely, wound looks healthy, but complains of its soreness, continued treatment.

Nov. 6. Still improving; continued treatment.

Nov. 7. Improving finely, wound looks healthy, and is slowly uniting. Closed the wound with plaster; ordered the pultices discontinued; to have a good nourishing diet.

Nov. 8. Is doing well; will evidently require but little more attention.

Nov. 10. Has coughed severely through the night, and bursted the stitches and the plaster. Closed it up again; gave a mild expectorant to relieve the cough.

Nov. 12. Is better, wound continues closed and is healing up finely.

Nov. 15. Better; says that it is sore, cough gone.

Dec. 3. Has continued to improve, and at the present date the wound in the neck is completely healed. He is now a well boy.

ART. V.—*On the Use of Chesnut Leaves (Castanea Visca) for Hooping Cough.* By J. S. UNZICKER, M. D., Cincinnati.

THE knowledge of this remedy to the profession is due to Mr. George C. Close, pharmacist of Brooklyn, N. Y., who published an account thereof in the *American Journal of Pharmacy*. Since that time I have given it a fair trial in about thirty cases, and feel satisfied in saying that at last a remedy is found to cope with this disease. In all of these cases it gave decided relief the first two weeks. The cough is cut short, and patients rest easier through nights, and the decline of all symptoms from that time on is very rapid. My method of using it is as follows: take from ʒij. to ʒiv. of the leaves to the pint of water; let it come to a boil, then pour the whole into a tea pot, without straining, and let them drink occasionally—either cold or warm—and as much as they will through the day and at bed-time. Children, I find, like to drink it, even without sugar, which I consider best, and have that way administered it to infants, without the least difficulty.

The active principle of this remedy is as yet unknown, but hope that some of our analytical chemists will soon give it due con-

sideration. A fluid extract made of the same would probably be the most convenient mode for giving it. It is also said that in former times the leaves of the dwarf chesnut (*castanea pumila*) was in some sections of this country a popular remedy against intermittent fevers.

ART VI.—*Operation for Stone.* By S. P. BONNER,
M. D., of Cincinnati.

JOHN MAXWELL, æt. four years, was brought to my office, by his father, for advice, on July 29th, 1867. After obtaining a history of his case I decided that he was suffering from stone in the bladder. I directed him to be taken home and be deprived of his supper. At 8 P. M., chloroform being administered by Dr. John Cilley, I introduced a sound and readily detected a stone.

The nature of the case being explained to the father of the boy, I arranged all things for the operation for Thursday, August 1, at 11 A. M.

Accordingly, at the hour and day named, the rectum having been previously emptied by an injection, and the patient fully chloroformed, I performed the bi-lateral operation, and removed two calculi. They were each about the size of a hazel nut, soft, smooth and oval in form. They are composed principally of phosphates, their structure showing that they were formed in concentric layers. Their aggregate weight is 129 grains. After the operation the bladder was properly cleared, and a catheter being introduced through the wound was fastened by tapes. The inferior extremities were secured by bandages. The patient passed a good night. On the morning of the 2d, whilst I was examining the wound, he passed a full, free stream of urine by the urethra. The catheter was then removed.

He continued to improve until the eighth of August, eight days after the operation, when the wound was completely healed, and the urine being discharged naturally by the urethra.

The operation was performed in the presence of Professor Foote, Drs. Cilley, A. and W. T. Brown, to whom I am under obligations for assistance.

Hospital Reports.

Hemiplegia Incomplete—Left Side—Post Mortem Examination, &c. Service of Dr. J. F. WHITE. Reported by Dr. GUTHRIE, one of the resident physicians.

CATIPARINE——, spinster. Admitted into the female department of the Commercial Hospital June 26th, 1867.

History: States that five months ago she fell down a flight of stairs, head foremost: consequent insensibility, which, however, continued a short time only; severe headache succeeded, and continued several days. During the three weeks prior to present condition she was very drowsy in daytime and slept soundly all night. At the time of attack was engaged in sewing; suddenly becoming conscious of partial paralysis of left arm and leg.

Present condition: Partial use of side affected; can, without much difficulty, carry her hand to the top of her head, but finds it almost impossible to put her fingers to her mouth. Able to walk, though the left leg is obviously at fault; right angle of mouth drawn upwards; tongue, when protruded, slightly deviates to the left; sense of feeling in left extremities somewhat obtunded; thinks her articulation not as distinct as formerly; pupils dilated, but not altogether insensible to light. Slight pain in right side of head; tongue slightly coated; pulse 80, full, soft; anorexia; bowels constipated.

Diagnosis: White softening; right thal. opticus and corp. striat.
Prognosis: unfavorable.

Treatment: recumbent position; R pil. cathar. co. 3 immediately; milk diet.

July 1st. Since last record the general condition improved. Some desire for nourishment. R ext. nucis vom. gr. ij.; make pills No. xvi.; one every three hours.

July 4th. More appetite. Prof. E. Williams made an examination with ophthalmoscope; neuro retinitis of right eye, optic papilla much obscured; continue treatment, laxative when required.

July 10th. Slight improvement in the affected limbs; has more control over them; face not so distorted; digestive system very much improved.

July 15th. Fingers of left hand slightly œdematous. From this date the tendency was decidedly downward. Drowsiness persistent. When aroused complained of headache, which on the 24th increased in violence, especially when her head was elevated.

Aug. 5th. Slight convulsions, followed by increased insensibility. Comatose. Died 7 P. M.

Section cadaveris by Prof. Taylor, fifteen hours after death; slight P. M. rigidity; lividity of face; suggillation of back and arms; scalp somewhat injected, with recent extravasation over left parietal region. On removal of calvarium the dura mater found engorged. Right hemisphere larger than left; right optic tract one third wider than the left, and softened in common with the brain surface about infundibulum. In anterior half of right hemisphere, near the center, a patch of yellow discoloration, immediately beneath which a cavity, communicating with the substance of right corpus striatum and thalamus opticus. The cavity was $3\frac{1}{4}$ by $3\frac{1}{4}$ inches in diameter, and extended to within three-quarters of an inch of the base, and one-quarter of an inch of the convex surface. The upper fourth of cavity contained dark coagulated blood. The lower three-fourths a semi-fluid mass of pus and brain substance. Right corpus striatum and thalamus opticus entirely filled the corresponding ventricle. Left hemisphere healthy.

An abstract only of the above case, so well reported by Dr. Guthrie, has been presented, without, however, detracting from its value.

In the records of the post-mortem it may be noticed that the "scalp was somewhat injected, and recent extravasation over the left parietal region." This may be accounted for by the following mem. omitted in the abstract: "July 31st. Very severe headache last night, during which she arose from her seat and attempted to walk, when suddenly she became very giddy, and fell down backwards, striking her head very severely against the floor."

Much might be said with this case as a "text." It would be asking too much, however, of your journal, to publish the "much." One point only, therefore, will be glanced at. The scalpel has revealed a vast amount of mischief in one hemisphere of the brain. Did the "outward and visible signs" during life point to so much disorganization? The history of the case is imperfect,

though we obtained all the information possible. When admitted she was able to walk without assistance. Her articulation was distinct; mind clear; her spirits good; drowsy, yet inclined to sit up; had no apparent fondness for the bed. Some days subsequently found her at the bed-side of other patients in the ward apparently improved in condition. In fact, I was disposed, for several days, to regard her case in a favorable light, and to amend my prognosis. I was encouraged so to do by the recollection of a case which came under my care last winter. A gentleman, æt. 72, in apparently good health, in easy circumstances, was suddenly attacked with complete hemiplegia of left side. Loss of motion and loss of sensation. Fifth and ninth pair of nerves involved. I gave an unfavorable prognosis, regarding it as a case of white softening, which sooner or later would end in death. Indeed, I had made up my mind that his remaining days were few; that the "sands of his life were about run out." Under "judicious" treatment he improved, and continued to improve, until in a few months he was able to ride out, and then to walk out with assistance, and after a while he became independent, except of a cane, and about the beginning of June left the city with his family for more or less of a tour through the Western country. When last heard of, a few weeks ago, he was still improving.

Other cases might be cited, showing an apparent non-correspondence between the symptoms and physical signs with subsequent events. Todd, for instance, mentions the case of a distinguished gentleman, æt. 75, who, "one night in the beginning of the month of December, 1850, having been previously in very good health, although for some time gradually failing in general power, on leaving the drawing-room to go to bed, found, after taking hold of a bed room candlestick with the left hand, that he was unable to lift the candlestick, and the arm immediately fell powerless to his side, completely paralyzed. His consciousness was not at all impaired; so perfect, indeed, was it, and so much did he retain his presence of mind, that he at once directed his servant to fetch from his library the volume of the Encyclopedia containing the article Paralysis, that he might ascertain whether he was attacked with that affection. His usual medical attendant was sent for, and on his arrival the leg had become quite paralysed, as well as the face and tongue. Two days later Dr. Todd saw him and found complete paralysis of the left arm and leg, with a perfectly placid and relaxed state of the muscles.

The face and tongue palsy were quite complete. Sensibility was only very slightly affected, etc., etc

By the month of May this patient had regained his power to such an extent, that he was enabled to go out and enjoy walking exercise; and, ultimately, towards the close of the summer of 1851, he so completely regained his power, that no difference could be observed in the movement of the left leg from that of the right, and he could use his arm and hand freely, and could grasp with full force.

This patient lived until the end of December, 1852. Having passed the day in his usual health, and been very cheerful, he was suddenly seized, soon after going to bed, with paralysis of the *right* side, and comatose symptoms very rapidly supervened. He quickly fell into very profound coma, with stertor and flapping of the cheeks, and died after some hours in the course of the night."

Upon examination of the brain, "the right hemisphere, including the corpus striatum and optic thalamus, which must have been the seat of the original disease, appeared healthy. We failed to detect any mark of previous lesion; but it is not impossible that such mark may have escaped our search, as the examination was conducted under very unfavorable circumstances, in a small room, on a dark day in December." The left ventricle was full of blood, which had flowed freely into the right ventricle, the third ventricle, and through the iter into the fourth ventricle. The left corpus striatum and optic thalamus were completely swept away by the gush of blood; and the white substance of the hemisphere outside them was torn up by a large coagulum, the nervous matter beyond being evidently softened, and breaking down readily under a slight stream of water.

*A Case of Poisoning by Tincture of Opium treated by
Belladonna, in the Commercial Hospital, during the service of
Dr. WHITE. Reported by Dr. GUTHRIE.*

M J., admitted at 11½ o'clock, P. M. Is in profound stupor. Pupils contracted to the size of a pin's head; occasionally has slight convulsions, during which she bites her arms, grates her teeth, etc. Respiration very irregular, and so imperfect that

it is occasionally necessary to establish artificial respiration. Owing to this marked irregularity of the breathing it was impossible to form a correct estimate of the number of respirations per minute, although they most probably would not have exceeded ten. Eye-balls everted so as to almost completely hide the cornea; pulse 68, and full and rather hard. I gave her immediately gr. i. of the solid ext. of belladonna, and at the end of half an hour gtt. ii. of the fluid ext. belladonna, which was repeated again and again at the same intervals. At this time (1 A. M.) the breathing became more tranquil and fuller, pulse 70 and strong, convulsions not so frequent. At 1½ condition was the same; two drops more were given, and again repeated at 2 A. M. At 2½ A. M. the breathing was still more tranquil and 12 to the minute; pulse 78 and weaker. Two drops more were given. At 2¾ A. M. she manifested the first sign of returning consciousness, by motioning for a drink of water, after receiving which she immediately vomited. Subsequent to this she had one more paroxysm of difficult breathing, but this soon passed away to return no more. At 3 A. M. two drops more were given, and repeated at 4 and again at 5 A. M. Very soon after this consciousness returned, though she could not speak on account of soreness and dryness of throat and tongue. Said (by writing) that she did not know how much laudanum she had taken. At this time the use of the belladonna was suspended. At 6½ A. M. the pulse had fallen to 65; respirations had risen to 13, pupils not nearly so contracted. Is still very drowsy. At 8 A. M. pulse were 60, respiration 14. Said her throat and tongue were so sore and dry that she could scarcely speak. Confessed that she had taken thirty cents worth of laudanum at 8½ P. M. of yesterday, and that she began to feel its sleep-producing power in ten minutes afterwards.

At 1 P. M. the soreness and dryness of her throat and tongue had nearly disappeared and she could talk readily. At 3 P. M. she began to perspire freely; pupils much more dilated. At 7 P. M. pulse 80 and weak, respirations normal. She expressed a desire for some tea.

At 8 A. M. (next morning) pulse 70, and fuller and softer. Her sleep was disturbed by frightful dreams; perspiration has ceased. From this time she steadily improved and was discharged, completely cured, on the fourth day after admission.

The fact of a therapeutical and physiological antagonism between opium and belladonna having been established by Anderson, Bell and others, comment is unnecessary.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Otorrhoea.—By A. D. WILLIAMS, M. D., Cincinnati.

IN a former article I spoke of *otitis externa acuta* at some length: of its nature and treatment, and promised to make the above caption the subject of the present writing. Acute inflammation of the external meatus terminates sometimes in resolution, but most frequently in what is called *chronic* otitis externa, and this gives rise to otorrhoea. Under the inflammatory process the *delicate skin* of the external meatus becomes a kind of pyogenic membrane and secretes pus freely; consequently, there is a purulent discharge from the ear, which is technically called otorrhoea. Chronic inflammation, then, is the direct cause of the formation of the pus, but we must go back behind that and ask what is the cause of the inflammation? This may have several causes: the most common of which are the exanthematous fevers, measles, scarlet fever, small pox, etc. A peculiar skin affection characterizes each of these fevers. It is natural to suppose that this skin disease may be extended into the meatus, where it causes first acute inflammation of the skin, which then subsides into the chronic form, when the secretion of pus begins. When the purulent discharge is once established, there is a peculiar relation between the inflammation and its product, between the cause and effect. It is a kind of self-sustaining or self-perpetuating disease. The inflammation first starts the purulent secretion, and the pus in turn perpetuates the inflammation. There is no doubt but that many an otorrhoea would get well that does not were it not for the constant irritation of the standing pus in the external meatus. Another cause of otorrhoea is simple acute inflammation subsiding into chronic. Its causes were noticed at length in the last article.

Otorrhea literally means "a running from the ear." There are, however, two grand divisions of otorrhoea; first, *simple* otorrhoea, where the discharge comes from the lining membrane of the external meatus; and second, *tympanic* otorrhoea, where the pus is secreted by the mucous membrane of the cavity of the tympanum and is discharged through a perforated membrana tympani into the external meatus.

At present I wish to treat mainly of the *first* variety; the *second* coming more properly under the head of the cavity of the tympanum.*

The nature and symptoms of otorrhoea make its diagnosis very easy. Every purulent discharge from the ear is an otorrhoea, and then we have only to determine whether it belongs to the *simple* or *tympanic* division. How can we do this? If we wash an otorrhoeal ear out *clean* with warm water, and then look into it and find that there is no perforation of membrana tympani, we conclude at once that we have before us a case of *simple* otorrhoea, and can make out our prognosis accordingly, which is *always favorable*. I will not say that every case of otorrhoea will get well, but I do not remember ever to have seen a case of the kind that would not yield sooner or later under the right kind of treatment, *persevered* in long enough, together with proper management.

It may require a few days, a few weeks, or it may take months. No definite time can be fixed for the recovery of an otorrhoea. In this respect it is very much like granulated eye-lids.

The diagnosis, prognosis, and treatment of *tympanic* otorrhoea will be given at length at some future time.

Otorrhoea is not confined to any particular class. We see it in *all* classes, but *especially* among children—the healthy as well as the unhealthy. The so-called scrofulous children suffer more from this disease, perhaps, than any other one class. But it is by no means confined to them. The stoutest and most robust man or woman may have had otorrhoea from early childhood. When disease has once started, the rule is that it will never get well without treatment. The general idea, therefore, among the people, as well as physicians, that children especially will ultimately *outgrow* such trouble, is certainly incorrect. There are, however, *rare* instances where the discharge ceases without treatment. The reason why otorrhoea does not recover more fre-

quently of itself, may be explained upon the *self sustaining* or *self perpetuating* nature of the disease referred to above.

The treatment of *otorrhoea* is very simple. The first thing that must be insisted on and enforced is *cleanliness*. This is a very important part of its management. Every ear affected with *otorrhoea*, is constantly bathed in pus, which is a fruitful source of irritation. This, then, must be removed as far as possible, by strictly cleaning it. Otherwise we may drop medicines into the ear till our heads grow grey and we will not affect the discharge in the least. The reason is easily enough understood, too; for if we drop solutions into the external meatus while it is full of matter, the medicine will never reach the seat of the disease—will never get down to the membrane that secretes the pus. Then, first, the ear is to be kept *clean—positively* clean, and specially is it to be *thoroughly* cleansed just before the applications are made. I insist upon the necessity of perfect cleanliness, because it is so very essential to the success of the treatment. The best means of cleansing it is to inject warm water into it, with the ordinary hard rubber ear syringe.

Next to the cleansing comes the medication. What medicines should we use in the ear? As a class we must use *astringents*; but their number is almost infinite, so that we must select the best, as we can not use all of them. The German aurists mostly prefer the vegetable astringents. This is not in accordance with my experience. From what I have seen of their effects in arresting *otorrhoea*, I prefer by far mineral astringents, which act, in my estimation, much more promptly. From these we select as the very best, nitrate of silver and sulphate of copper. These are the leading remedies, and it is very rare that we need to prescribe anything else to be used locally. I am in the habit of prescribing nearly always what is called *compound* nitrate of silver (equal parts of nitrate of silver and potassa.) This, I think, is fully as effectual, and certainly not so sharp, not so caustic, as the pure nitrate.

I always begin the treatment with about this prescription
R Argenti nitrat comp. gr. xx. to xl., aquae distilat. ʒj. Mix.

Directions: To be dropped into the ear twice a day, after *thoroughly* washing it. The strength should depend upon whether the discharge is copious or whether the patient is a child or grown person. If the pure nitrate is used it should be only half so strong. This prescription I continue for several weeks, or until

the discharge is relieved; in which case it should be continued for some time, but less frequently, in order to prevent any relapse. The treatment should always be *gradually* suspended.

In case, at the end of several weeks, the otorrhoea has not much improved, it is well to suspend the above prescription and use instead the following :

R Cupri sulphat gr. x to xx., aqua destilat ʒj. Mix.

Directions: To be dropped into the ear twice a day after *thoroughly* washing it. This should be continued for some weeks, during which time it is probable the discharge will subside. If it does not, alternate them; use one in the morning and the other in the evening, and after a *long* and *tedious* persevering, you will have the satisfaction of seeing the discharge disappear. If thought best, alum, zinc or tannin may be tried, in about the same strength, with sometimes good effect. But the *main* remedies are the two given above, and sooner or later will prove to be sufficient.

The physician must have courage, and inspire his patient with courage, else he will never get through with a stubborn case of otorrhoea. The parents or nurses generally neglect to cleanse the ear properly, as directed by the surgeon, and sometimes forget the treatment altogether. The physician, frequently, after some time, gets careless, and will not enforce his orders in regard to cleanliness and *faithful persevering* treatment, and thus, as it were, by mutual consent of both parties the case is *neglected*, if not abandoned. But too frequently the doctor is too glad to get rid of an offensive ear, and the nurse rejoices at his indifference, and thus escapes the trouble, not to say the unpleasant odor, that is always present in such cases, of washing and treating the unfortunate patient. There is no doubt whatever that physicians, for the above reason, *nearly always* fail to relieve the simplest cases of otorrhoea. By their negligence and indifference they bring themselves into great disrepute among the people in reference to this particular subject. Hence it happens that a general practitioner is very rarely asked to prescribe for a running and terribly offensive ear, in consequence of which a young lady or a young man may be excluded from society for a whole life time! Yes, even more, may go *deaf* entirely! Are the people at fault? Not at all. The profession at large must bear the blame, and the *shame*, too. By their negligence, in regard to this subject, they give quacks one of their richest fields. The people

are willing to do anything in order to get relief from such a *loathsome* disease. For this purpose they are willing to incur too almost *any* expense. Vitally important as is this subject, we very rarely hear anything said about it in our medical schools. Long and learned lectures are read to young men on how to ligate the common carotid or the internal iliac arteries, which, perhaps, *one* in five thousand will be called upon to do. But *very* seldom, *almost never*, are they told how to treat a common otorrhoea through to a successful termination, which *every one* of them will see and shrink from almost every day of his professional life. I have often heard a distinguished professor remark that "the medical profession is made up of small matters, and if we neglect these we miss the object and aim of the profession." Is not, then, a change in medical teaching demanded by the common wants of the profession, so that we may have *small* matters, as they *seem*, referred to, at least occasionally? As a medical student I never heard the subject under consideration mentioned.

But asking pardon for this little digression, I return to the consideration of a question in connection with the aural discharge. Is it *safe* to check suddenly the discharge from an ear of long or short standing? This question has been raised by medical men, and a great many of them would give a negative answer. It is strange to see the extent to which such an opinion has reached in the medical profession. I do not know where it started from. Nothing, in my estimation, is more unreasonable. It is, in fact, equivalent to saying that *disease* is *safer* than *health*! Nobody would be willing to sustain such an idea. How often do patients say that such and such doctors told us that "we must not check the long-standing discharge. Let it alone. You will *out grow* it." Strange doctrine, and still stranger advice. The rule is, that otorrhoea does not get well of itself; when it does so it is only by way of exception. I am not, therefore, afraid to stop any discharge from the ear as soon as I can do it. This, however, can never be done very suddenly.

THE DANGERS OF OTORRHOEA.

A purulent discharge, especially when it is of long standing, is by no means free from danger. It may not only lead to the loss of the power of hearing, but to the loss even of life. There is such an intimate relation between the skin of the external meatus and the periostium of the bony canal, that it is impossible

to separate them. In fact, some authors think they are one and the same membrane. The skin, therefore, of the auditory canal may be regarded as the periostium—the covering and nourishing membrane of the bone. It is, therefore, easy to understand how an otorrhoea, which results always from a chronic inflammation of this membrane, may extend to the bone and cause caries or necrosis. Every one knows that inflammation of the periostium is almost certain to cause, sooner or later, disease of bone. The same may be said of the skin of the meatus. When the disease of bone is once set up in the ear, it can easily extend along the numerous blood vessels that permeate the temporal bone, particularly in children, where the bone is thin and rather soft, to the membranes of the brain, and even to the brain itself. In this way, an otorrhoea, simple and innocent as it is supposed to be, *may* cause the death of any patient. This is its chief danger. When the brain becomes involved, of course we may look for cerebral symptoms, which are always fearfully ominous in connection with every discharge from the ear. Fortunately, such symptoms do not often occur, still they *may* occur in any case.

It is impossible for us to determine always whether the bone is involved or not, because we can not always see the entire wall of the meatus. There are no symptoms by which we can diagnose a disease of the bone. Sometimes we are able to do so. Quacks frequently scare patients badly by telling them that the bone is already diseased. “for” say they, “the ear smells awfull, and nothing else but *dead* or *diseased* bone could smell so badly” Nothing is more groundless than such a declaration; for every otorrhoea is terribly offensive to the smell. Why it is so I do not know.

Every discharge from the ear is liable also to destroy the power of hearing; for, sooner or later, the membrana tympani becomes involved in inflammation and ulceration, and in this way may be completely destroyed. Besides, the disease may be extended into the cavity of the tympanum, which is by far more serious than *simple* otorrhoea.

I have neglected to state in the proper place that when solutions of nitrate of silver are dropped into the ear, great care must be taken to prevent the medicine from running out, and down over the neck and face, as it will make the skin very black, which is a very unpleasant thing, particularly with ladies. The best way to prevent its running out is to take a small rag and press it

pretty tightly into the external meatus, and hold it there with the finger, while the patient's head is turned to that side, so that the medicine will all be absorbed by the rag. Then it is only necessary to wipe the external part dry. This precaution will frequently save the physician a pretty severe scold from his patients.

The solutions should stand in the ear about one minute before they are let out. The constitutional treatment in cases of otorrhœa must be regulated according to the particular diathesis of the patients. I may safely say that depletion and counter irritation are never to be advised. They do no good, beside the trouble to the patients. In most cases of otorrhœa, tonics are indicated. Generally some preparation of iron. With children, perhaps, the syrup of iodid of iron is just as good as any of the rest. I use it a great deal. The local treatment is the great dependence in all cases of otorrhœa.

My next subject will be diseases of the membrana tympani and cavity of the tympanum.

Correspondence.

BOSTON, MASS, Sept, 9, 1867.

MESSRS. EDITORS:—It seems to me that the year 1867 will be noted as one of more than ordinary fatality among men of distinction in the medical profession. Several of the veterans in medicine and surgery in Europe have succumbed to death's inexorable demand, leaving behind them, as a monument of their earthly toils, the rich and varied experiences of lives well spent, in seeking out the hidden mysteries of medical science, and in combatting the grim messenger that so surely triumphs at last. The profession in Boston and vicinity have been called upon recently to mourn the loss of two of their number, Dr. J. Mason Warren, and the venerable Dr. James Jackson. The fame and reputation of these gentlemen is not confined to a town, State or nation. but to the world at large.

Dr. Warren, although suffering at times, had only been deprived from attending to professional duties for three or four weeks. He died August 19, at the age of 55. An autopsy re-

vealed a malignant tumor of the cæcum, situated about eight inches from the ileo-cæcal valve, and was intussuscepted within the lower portion to the depth of four inches.

At a special meeting of the Suffolk District Medical Society, August 20, Dr. O. W. Holmes pronounced the following eulogy upon the deceased, and presented the appended resolutions :

"A little more than ten years ago, some of us, and some who are no longer with us, met to do honor to the memory of John Collins Warren, who, having filled the measure of his days, had yielded to the summons which no art can delay beyond its appointed hour. It seems to us too soon to roll back the stone from the mouth of the sepulchre that received the father, to admit the son. He was still in the years of ripe but not decaying manhood. We should have asked that his life might have been prolonged like his father's, so that he might have seen the near approach of the twentieth century. But God knows best when he has done with his servants, and though our friend was called away before the evening shadows had closed around him, he had done a full day's work when he found rest from his earthly labors. It is not for him that we would have asked length of days to be his portion, but for those whom he has left, who find it hard to lose the years they had hoped remained for him.

"For nearly thirty-five years I have known Dr. Mason Warren at home and abroad, as a student and as a practitioner, professionally and socially, as a companion and as a friend. I have studied with him, consulted with him, travelled with him; we have worked together, and enjoyed many pleasures in each other's company. The record that I can here trace of him must be very brief, but it is one that will do him honor.

His health was somewhat impaired during his residence at college, so that he was unable to complete his academic course, which would have made him a graduate in 1830. He therefore began the study of medicine in advance of those who were before him in college, and when I reached Paris in 1823, I found him already established there as a student, having taken his medical degree in the previous year. He was no longer an invalid, though never very robust, but labored as diligently as the strongest, and took part in every social enjoyment with his young companions.

In Paris, in London, wherever we found ourselves, he never for a moment lost sight of his great object--to qualify himself for

that conspicuous place as a surgeon which was marked for him by the name he bore and the conditions to which he was born. This was his constant aim in the hospitals which he assiduously followed, in the museums which he faithfully explored. In the society of the distinguished practitioners to whom he had access, and to whom he often introduced his less favored friends, though always at his ease, and good company for any he might meet, he was still listening and learning. He was often playful; he had a delightful vein of humor, he was a pleasant narrator of incidents, he was genial and hearty, as if he lived only for society, but he could not long be turned aside from his serious and manly duties. This is the reason why he took his place soon and so easily on his return, and not merely because a place was ready for him. It demanded no small qualifications to fit a man to bear up the name of Warren in the third generation, and not allow it to sink below the standard mark.

“We who knew this laborious man loved him, because he was kind and good and natural in all his ways. I do not remember that any one of us, even of those who travelled with him—and traveling in company is the touchstone of infirm tempers—ever had a hard word with him. Yet he was what we should have called a man of high spirit, and there was some fiery blood in his veins, such as Joseph Warren shed in that fierce *melee* which opened the war of the Revolution. He was so well bred, so uniformly courteous, that none but a churl would have found it easy to make a quarrel with him, and the churl would have seen that there was a strong manhood beneath his good nature that would not be safely tampered with. And with his good nature he united that good sense which a wise man has said is rarer than genius.

“His labors in the profession will be long remembered. This generation will miss his great experience and his cunning hand; those coming after us will often hear his name joined with those of his distinguished father and grandfather, as constituting an unbroken line of hereditary excellence such as history but rarely shows.

“It has been most happy for his fame that he lived to complete that noble volume containing the record of his surgical practice, which bears the date of this very year 1867. How full of valuable observations, plainly and simply told, for he made no unnecessary show of words in telling the most startling cases that came before him, this important work is, many of you well know,

Almost everything that has been dared in surgery is there set down from his own experience. No matter what the gravity of the case, or the brilliancy of his success, whether the tying of both carotids or the extirpation of the upper maxilla, or amputation at the hip-joint, it is all told without expletives, without notes of admiration, in all the dignity of true science—told as the engineer describes a section of the earth, as the astronomer describes the transit of a star.

“It would have been hard to part with such a man, even when age had dimmed his eye and relaxed his strength; it is very hard to relinquish him with so much seemingly in prospect for him and through him for us.

But he has left us, we trust, for a serener sphere of being, and we seek our first solace in giving expression to our grateful recollections and our fond regrets.

“I propose to the Society the following resolutions:

“*Resolved*, That by the death of Dr. J. Mason Warren, its late President, and associate from the time of its foundation, this Society has been deprived of the counsel and friendly presence of a member at once honored and beloved, who brought a sound knowledge, a large and wise experience and an ever willing helpfulness to its deliberations; who added liberally to its usefulness from the ample records of his practice; whose native dignity of character was so joined with engaging social qualities that he was always respected as a man, and always welcome as a companion.

“*Resolved*, That to the medical profession of this city and of this State, the death of Dr. Warren, one of the most widely known and valued practitioners counted upon its rolls during the present generation, is a loss which will be deeply mourned by all its members; that his memory will be cherished by them as that of a fellow laborer, whose life was one long work-day of professional duty, and who yet found time to make many important contributions to the literature of a calling which he practiced with a skill and success worthy of the illustrious name he bore.

Resolved, That the medical profession of this country and the great body of the healers of men throughout civilization have lost from their ranks one who honored their occupation by his personal character and bearing, who enriched their art by his invention, who illustrated its possibilities by his prudent boldness, who served its interests faithfully in life, and bequeathed to it a record of experience full of instruction, which will be studied with profit, not only here and in our own day, but by students of other lands and in after times.

Resolved, That the members of this community, in the midst of which Dr. Warren has, for many years, exercised his beneficent office, have been deprived by his death of a counsellor of

whom it is enough to say that he was to them what his father was to their fathers, what his grandfather was to their grandfathers—a master to control the resources of his art, a servant to obey the call of humanity.

Resolved, That this Society feels, and would desire respectfully to express, the profoundest sympathy with the family of its associate, our departed friend, and that it would place these words of heartfelt tribute before them, not as adequate marks of regret, but as an assurance that the grief of those nearest to him whom we cherish henceforth in our memory, is shared by a wide circle of friends, who know how sorrowful the home must be which has lost one so worthy of love and honor.

Dr. Jackson, often called the Nestor of the profession, was born October 3, 1777, in Newburyport, in this State, consequently he was almost 90 years of age. He was graduated at Harvard College in 1796, and took his medical degree 1809. He attended the lectures of Sir Astley Cooper, Cline, and other distinguished professors in London. In 1812 he was appointed Professor of Theory and Practice in the Harvard School. In 1817 he was appointed the first physician to the Massachusetts General Hospital, which place he held for twenty years. He has filled many positions of honor and trust, and enjoyed a large and lucrative practice in former years. Both Drs. Holmes and Bigelow have noticed the death of this eminent man. I give you the remarks of Dr. Jacob Bigelow, as published in the *Transcript*:

“Our acquiescence in the just order of Providence alone tempers the solemnity and sorrow with which we regard the departure from life, even at its latest and maturest period, of one whom we have loved and honored. It is the fate of most men to fall prematurely by the wayside of an unfinished career. A few having reached the goal of ordinary old age, sink gradually into the shade of infirmity and seclusion. The end of the most protracted life is, at best, labor and sorrow. Yet we may esteem as fortunate the lot of one whose physical and intellectual strength have been so nearly commensurate with his great length of days; who has associated his own history with the hopes and fears, the affections, the joys and sorrows of more than one generation; whose intellect, during more than four score years, was never crossed by a cloud, whose energies during that long period never shrunk from the performance of all active duty; whose presence has been invoked as a blessing by the afflicted, and whose words of wisdom and experience have been oracles to his professional brethren.

“When some of us first knew Dr Jackson, now gratefully remembered as our earliest and longest professional friend, he had been at least ten years engaged in active practice, and was then almost at the zenith of his professional reputation. He had rapidly risen to this point by the possession of qualities not common at that day, when medicine was less a liberal science than it now is; when the community were perhaps more exacting, while they were less discriminating, and when the judgment of a man's own peers could not be depended on for impartiality, if, indeed, for competency. The qualities that distinguished him then, as since, were habits of unsparing application, a power of rapid acquirement, and of ready adaptation of knowledge to use. To these were superadded the high moral attributes of an uncompromising love of truth, of justice to the claims of others, of a deep sense of the responsibilities of his profession, and a devotion amounting almost to parental love toward those who had become the objects of his professional care. Excelling his contemporaries in the extent of his professional erudition; vigilant in observing the yearly progress of his science, as it tended to good or to evil; studious and retentive of the peculiar features of each succeeding case that passed under his observation; cheerful, hopeful, courageous and buoyant in the presence of the sick—he received, during his extended life, more than any man among us, the deference of his compeers, and the ardent, grateful, and almost filial reliance of those who in sickness leaned on him for succor, or in danger looked to him for rescue.

The character of Dr. Jackson was naturally impulsive and sanguine. Coming in his early life from the schools of European erudition, he brought with him a deep respect for the labor and learning, the authority and conventional prestige of the then accepted luminaries of medical science. His methods of practice, during the first half of his professional life, were in a high degree energetic and decisive. He believed in common with many others at that day, that most diseases were susceptible of control and even of removal by the active forms of medical interference then generally in use. These opinions and habits were greatly modified, if not subdued, in the subsequent portions, perhaps the last half, of his long and observing life; so that although he never lost his professional fondness for the forms and implements of his art, and sometimes carried their use to a scrupulous degree of exactness, yet he became more tolerant of nature, more

humble in his expectations from art, and more distrustful of reckless interference whenever certain harm was to be balanced against doubtful good.

Of his moral and affectional attributes it is difficult fitly to speak. Alike in the prosperous and adverse conditions of life, we have never seen his kindly heart give way to an unjust or ungenerous impulse. Under afflictions which might have prostrated a mind less disciplined by Christian energy and faith, we have known him cheerful, self controlling and unrepining. When in a momentous period of his life, his parental hope was abruptly blighted, and an idol which he had fondly cherished until solicitude was lost in gratification, suddenly fell from his grasp, he did not sink, nor for a moment forget that duty remained to be done. With an endurance exemplary as it was exalted, he stepped to the post made vacant by the death of his son, and for long succeeding years, reversing the apparent order of nature, carried out in his own person the career which had seemed destined to another of his race. He became the biographer, and as it were the continuer of his son. Who could so fitly eulogize the virtues which he himself had helped to form? Who could so well sustain the character which was but a reproduction of his own?

"It is now a third of a century since this great affliction was thus received and thus sustained. He sought for and found consolation in his communings with the memory of the dead, and the conscientious pursuit of his duty to the living. He resumed his professional activity, his interest in life, his relations with society and his influence in the harmonious organizations of his own profession. For many years, and even up to a late period, he carried with him the respect, the attachment, and the tender regard of the many friends who had cultivated and loved him. Who does not even now remember his quiet step, his benignant smile, and his friendly greeting, long familiar in our streets, as they were welcome in our dwellings?

"At length the light of his gifted intellect slowly and fitfully faded out in the advancing shadows of physical decay. And now the light of his earthly presence is forever withdrawn, leaving his memory alone to console and direct us. It is well that he has lived, to complete, in his character a model of social and professional excellence; it is well that he has died, leaving in the history of his life the record of a task well finished, and a memory on which there is no stain.

B.

NEWARK, O., Sept. 15, 1867.

EDITORS LANCET & OBSERVER:—*Dear Sirs*:—A case of very remarkable and bold-faced quackery has of late come to light amongst us. A young unprincipled auctioneer, born within three miles of this place, illiterate, but tonguey, has turned out one of the biggest kind of traveling doctors. The shameless lies and pretensions of the fellow—made known to us through some of his hand-bills, which some of our citizens managed to secure—excite great astonishment, and have become the town talk. The common remark is: "why is he not arrested, exposed or published; some of you doctors ought to do it, etc., etc." Very pertinently one of our physicians answered this query by remarking to the individual, "you patronise just as great a quack as this Burner, but because he comes from a distance you think he is all he pretends to be. As for arresting one of these fellows, it is a disgrace to our civilization that there is no law on our statute book to do him any justice whatever. Away from here it is not practicable even to have him arrested for obtaining money under false pretences." One good this shameless rascal may be instrumental in doing—illustrate the necessity of a law to recognize and protect the practice of medicine. His history throughout is well known to several of our representatives. With the flash of virtuous indignation each man seems to feel on reading his lying bills—and this among non-professional ones—a rather strong case may be made by an able head. We shall see next winter. At least this should be done: No one allowed to practice without a diploma from a chartered institution, or the experience derived from a specified number of years practice as a reputable physician. Wisconsin has a law that virtually amounts to this. Why not Ohio?

I shall not attempt to publish this fellow through your columns—an almost futile aim—but to make your readers aware what gross deception is practiced—almost beyond belief—and, it may be through them to save some credulous bodies from the rapacity of this scoundrel now traveling through the country. No doubt, some of your Indiana readers will remember the man, as he traveled through a part of that State last summer, and counted his gains by the thousand per week. In his largest hand bill is the following abbreviated and most outrageous sketch of his life:

"Born in the suburbs of London, England; father and mother

dying within five hours of each other, was taken up by a Prof. Randolph, educated, and graduated in 1852. Commissioned the following year in the Royal army, aged 20; resigned from bad health; put in charge of Union Hospital, London; had the care in 1856 of 2,864 cases of Asiatic cholera; saved 2,653; voted by Board of Health a gold medal, and thanks of the city; next, traveled over Asia, Africa, East and West Indies, Upper and Lower Canada, and treated from 15,000 to 20,000 cases per year. Was induced by Randolph to visit the United States; gives extracts from *London Times*, *Advertiser* and *Evening Gazette*, deploring the departure of the distinguished young physician and surgeon, Dr. Burner, and wishing a safe and speedy return, etc." The real life is as follows: "Born three miles south of Newark, Ohio, educated at common country school, bad boy, can't even yet spell decently, or read either: father dead, mother alive; gravitated to the county seat, took to auctioneering pins, needles, and thread; very glib of tongue; it suited his idle dissipated habits; enlisted in 76th O. V. I., deserted, skulked, until war was over, then took to old trade; was arrested, taken to Cincinnati for violating revenue laws; fine took all of his little capital; then lay around loose like Micawber, new idea suggested by a traveling negro Dr. Green, who drove around our streets in spring of 1865, and commenced at some public corner to proclaim the wondrous cures of his panacea—only one dollar a bottle. Went to one of our druggists, asked him to put up something that would do as well as this negro; druggist, scenting fat sales, says yes; put up several gross, and started the auctioneer the rounds with Dan. Rice's show; cholera remedy paid well, but not well enough though; so in latter part of last summer branched out as a great physician and surgeon, from Union Hospital, London; traveled from county seat to county seat in Indiana last fall; was discovered at this by one of our citizens, who exclaimed 'why Burner, what in the name of God does this mean!' Answered, 'now you just keep dark, I am making a good thing of it out here. Afraid of the doctors when I deliver my public lecture? No; very thing I want is for them to pitch in; did do it at one town, called me humbug, impostor, etc.; responded, by telling the audience that it was not an uncommon thing for doctors to disagree, to abuse each other, and call each other hard names. You understand You understand this; so I turned the laugh against them, and did the best business of any place that I visited; want the same opposition again.'"

Last winter he returned here, flush; bought two brick houses, a barouche, and spirited team; now keeps a negro driver, puts plumes on his horses at his entering into towns, gets in front of some hotel and begins to tell his glib lies; went in this style through eastern Ohio and Western Pennsylvania, a short time ago; tells people no object to stay here only for benefit of afflicted, and that Queen Victoria protested at his leaving England. Enclosed is one of his smaller hand-bills. Are such lies not *mirabile dictu*.

M. D.

 OAKFORD, IND., Sept. 10th, 1867.

PROF. E. B. STEVENS,—*Dear Sir*:—I noticed in your last number that one of the correspondents of your excellent Journal made inquiry about the "Rooker Case of Hydrophobia." The young lady who suffered from hydrophobia last spring and was treated for it by Dr. Rooker, is in excellent health and has been ever since, except a slight injury caused by being thrown from a horse. There have been some deaths from hydrophobia during the summer in this state. Possibly some of them were treated with bromide of potassa.

Dr. Tennyhill should have given the name of the attending physician in the case he referred to, as his statement may cause the profession to doubt the possibility of recovery from this terrible disease.

The "Rooker Case" can be seen at any time by calling at Mr. Ellers, ten miles north of Indianapolis.

Yours, truly,

J. V. HOSS.

Editor's Table.

The New Commercial Hospital. — Laying the Corner Stone.

THE new hospital edifice begins to assume the magnificent proportions of the architect's design, and on Saturday, the 14th of September, the formal ceremony of laying the corner stone was performed by His Honor, Mayor Wilschach, President

of the Board of Trustees. Introductory to the exercises of the occasion, Dr. David Judkins made a brief address, reviewing the history of the hospital. The usual deposit of current money, principal newspapers, Reports of City Relief Institutions, etc., was made, after which Mayor Wilstach delivered the following address :

"GENTLEMEN :—As civilization advances, bringing in her train intelligence, wealth, and her attendant, luxury, it is one of the happy indications of improvement in mankind, that works of charity and benevolence follow swiftly in its footsteps.

"The founding of these noble institutions, wherein the sufferings of rich and poor shall alike have sympathy, care, and medical aid, in an hour of need, proves conclusively that the world grows wiser, happier, and better, year by year.

"If, therefore, we would maintain that supremacy as a nation and as a people, of which we boast, we will provide innocent and health-giving recreations for the masses when in health, and asylums and hospitals where their wounds can be bound and sickness and pain alleviated when stricken with disease.

"The distinguished gentleman, Dr. David Judkins, who, in words appropriately chosen, has detailed to you the workings of the great charitable institution which has brought us here to-day, leaves but little for me to say, especially as our honorable friend, Judge Storer, will follow me with an address, which, I doubt not, will be equally eloquent and fit, showing the intimate relations these works of benevolence bear to civilization, national prosperity, and happiness. And now, without further words, in the name of humanity, which is religion, happiness, peace and good will to mankind, proceed to lay the corner-stone of the Commercial Hospital, the noble and pleasing duty which to day we have here assembled to perform."

LAYING THE STONE.

The metal box was then placed in its receptacle, the stone lowered to its place and cemented under the direction of Mayor Wilstach, who pronounced the work complete. He then introduced the Hon. Judge Storer, who delivered the formal address of the occasion.

ADDRESS OF JUDGE STORER.

"FELLOW CITIZENS :—The ceremony we have just witnessed recalls the period when an unpretending edifice was erected upon the spot where we now stand, within whose walls, for nearly half

a century, the holiest charities have been dispensed. The helpless stranger, the sufferer from all the ills to which humanity is heir, felt there the expression of the kindest sympathy in the high medical skill bestowed without the hope of pecuniary reward. Labors of love are chronicled there, in the visitations of the philanthropist to the sick and the dying, when the cup of cold water, given in the name of a disciple, illustrated the example of Him who went about doing good. There is an unwritten history yet to be unfolded, when the thousands who have been fed and clothed and nursed in that building, shall bless those who ministered within its walls. May we not hope the structure now to be reared upon the old foundations, will exhibit, in all its departments, the same self sacrifice, the same untiring energy, the same high professional ability, that gave to the old asylum its high reputation? May not the language of the prophet again become an admitted verity, "the stone shall cry out of the wall, and the beam out of the timber shall answer it." Thus will it be if we have learned that our world is but a great hospital, and our fellow mortals in reality all sufferers, all diseased—some, indeed, past recovery, while many are yet convalescent—and in this idea of human dependence we may witness our steady progress to that hour where the central thought of every true man will be the unity of the human race in suffering as well as in joy.

"This was the profound conviction of one whose efforts in the establishment and organization of the Commercial Hospital will be identified with it while it shall retain its name. The lamented Daniel Drake labored not for the day in which he lived; he strove to lay broad and deep the foundation of this noble charity. And we would evoke spirit of that pure philanthropist to abide with those who shall control in future time the institution he so loved and honored.

"The enterprise of our people may develop and link together materials for the physical prosperity of Cincinnati, in the largest measure permitted to man, but her permanent reputation, for all that can ever give her an honored name, must depend upon the conviction that every man is a portion of the aggregate mass, each individual essential to its integrity, and created to bear his part of the common burden; that the church, the school house and the hospital are the exponents of our highest civilization, in morals as well as in the arts.

"We owe an unpaid debt of gratitude to the liberal minded

men who have endowed so nobly our institutions of learning, and dedicated to heavenly charity the capacious edifice in the eastern part of our city. The laying of this corner stone, by association, should remind us of Hughes, and Woodward, and McMicken, or Butler and Worthington—men who have honored the age by their unselfish munificence. The building now to be erected at the expense of the city will be a proud monument of the liberality of our people. Every tax payer will bear his share of its cost, and should feel that he has an abiding interest in its prosperity, and its enlarged usefulness for the alleviation of human suffering, as well as the aid it may impart in the daily experience of the profession to whose care it shall be intrusted to relieve human ills. May it be until these foundations shall crumble with age consecrated to the noble purposes for which it is now to be reared. Let there be here the expression of the purest philanthropy, embittered by no sectarian prejudice, controlled by no narrow code of medical ethics, but exhibiting to the world the daily manifestation of the truth that diversity of opinion may be tolerated with safety if the mind is left free to combat error, no matter when it exists, by whom it is promulgated

“My friends, while standing here, we may well pause in expressive silence. A flood of feeling bursts from the heart when a volume so full of profound instruction is opened before us. The populous city over which we cast our eye, that beautiful river which washes our border, the structure soon to be reared, sacred to humanity, the evidence around us that art and industry are intent upon high achievements—all these remind us that we are but actors in the drama of to-day. The flood and the ebb of that river are our monitors. We have witnessed their many changes and our change must come at last. The current of our existence becomes more rapid as we approach the close.

“Soon the hum of that busy community will be stilled, and the thousands now active in effort disappear. May we not believe, trusting in God, that when we shall slumber in the dust, this institution will yet remain a living memorial; that the people of Cincinnati, in the most catholic spirit, dedicated an edifice to the relief of suffering humanity, restricted to no class, confined to no race, where all meet on the same common level and become the recipients of a common blessing?”

AN ENTERTAINMENT.

After the conclusion of these ceremonies the party adjourned

to the hall on the corner of Court and Central avenue, where a collation was spread by private liberality. Here toasts were offered and speeches made, thus closing the pleasant ceremonies of the afternoon.

Thus, by gradual steps, is our city arriving at the stature of manhood in what relates to its medical institutions. At another time we propose to give our readers a view of this new Hospital, together with a detail of its plan. At present, we only remark, that when complete, no city in this country will exhibit a more elegant or better arranged hospital.

The Board of Trustees at present are as follows: Chas. F. Wilstach, President; Dr. J. J. Quinn, Secretary; B. F. Brannan, John Carlisle, Dr. David Judkins, F. J. Meyer, Thos. G. Smith, J. E. Hooker, Michael Straub, and A. H. Hinkle.

A. C. Nash is architect and superintendent of the new building.

Sale of So-called American Medical Diplomas in Europe.

THE *Boston Medical and Surgical Journal* disposes of a matter that we have seen going the rounds of the journals so satisfactorily that we copy its article entire:

“We have from time to time seen allusions in the English medical journals to the sale in England of medical degrees purporting to have been issued by American medical schools; but it never occurred to us that the supposition that such documents were genuine, or worth anything more than the parchment they were written upon, could for a moment find credence among thinking men. But it seems we were mistaken, and so distinguished a member of the profession as Sir Dominic Corrigan, at the recent meeting of the British Medical Association, makes it the subject of very serious remark, and the text for an elaborate discussion of the proper course to be pursued by the General Medical Council towards all holders of diplomas issued by foreign universities. We find in the *Dublin Evening Post* of August 8th, the report of a portion of Dr. Corrigan's address, and, in order that our readers may understand the full extent of the delusion under which our British brethren are laboring, we copy the following passage:

“It is notorious that both in Germany and America there are universities that sell their diplomas, just as they sell beer or Indian corn, to all who can afford to pay for them. Most of my

hearers have probably seen the manifesto of the University of Erlangen in which they stigmatize the statement I made to this effect, in the council, as 'void of foundation in all its particulars,' and my reply, both published in the journal of this Association of July 20th. In that reply I adduced instances of four German universities in which I showed proof by documentary evidence that they conferred degrees *in absentia*, and that so low were they held in estimation by their own country that the diplomas did not enable the holders to practice there. I have received other evidence since. A gentleman connected with the medical and literary press of London has placed a document in my hands, in which he certifies that an American agent called on him this present year, with diplomas duly signed and sealed by one of the American colleges, nine or ten years old, and that he could have a supply fifteen years old if required, and that he had a variety in—stock price £20—and would allow a discount off as it was a matter of business. This gentleman is quite ready at any time to verify the memorandum and to give his name. I have within the last week received letters from two members of the profession, one of them a president of one of our branch associations, in which he incloses to me a communication from an agent in Glasgow, in reply to a communication for the purchase of a foreign diploma; and I am sorry to say an M. D. of one of our universities. The letter is so characteristic that I shall make no apology for reading it at length :

“ ‘EWING PLACE, GLASGOW, July 24th, 1867.

‘DEAR SIR: After having had the pleasure of your note of the 6th instant, I write you in direct course. I stated in terms of that letter that no university but that of the State of Pennsylvania gave degrees of medical doctor *in absentia*, the cost being £32 12s., and in full of all demands, and delivered free. I also stated, in my terms of said note, that the University of Giepen (? Giessen), of Hesse Darmstadt, gave degrees of M. D. for £22 paid there, and £15 10s paid here, and also in full of all demands. In either case I will cheerfully assist you or your friend in obtaining the object in view. As I have four new degrees to get at Pennsylvania next week, and other four at Giepen also, please send me £32 12s. for the Pennsylvania degree, or £15 10s in part of the Giepen degree, and I will send all the requisites to you in course. I am, my dear Sir, truly yours,

“ ‘—— —, M. D.’

"To give this epistle due dignity, there is inscribed on the envelope 'on her Majesty's service.' It is scarcely necessary to observe that I have in my possession the documents and the names."

Were it not for the currency which disparaging stories about everything American so readily find in Great Britain, we might be justified in feeling some astonishment that such a charge against one of our oldest medical institutions could be for a moment entertained by a gentleman of the intelligence of Dr. Corrigan. It does not seem, however, to have been received with any distrust by his audience, and at the conclusion of his remarks a vote of thanks "for his very able and valuable address" was proposed by Dr. Acland, seconded by Sir James Simpson, and adopted. Wishing to give as authentic a denial to the charge which it contained, so far as the University of Pennsylvania was concerned, we wrote to the Dean of the Medical Faculty of that institution, stating the facts in the case, to which we have received the following reply :

"PHILADELPHIA, August 27, 1867.

"DEAR SIR—We are much indebted to you for your communication directing attention to the statement of Sir D. Corrigan with respect to the sale of American diplomas in Europe. As regards the University of Pennsylvania, irrespective of the nefarious character of the transaction, the issue of diplomas beyond those legally authorized is an impossibility. The Faculty of Medicine has no independent control over the degree of Doctor of Medicine. When the examinations have been made, a recommendation of the candidates who have passed is transmitted to the Provost, and by him submitted to the Board of Trustees, who issue their mandamus. Each diploma is signed after it has been filled in with the name of the graduate for whom it is intended, by the entire Faculty, as well as by the Provost, Vice Provost and Secretary of the Board of Trustees, the latter officer attaching the seal of the institution. This seal is never out of his possession, and cannot be used except by order of the Board of Trustees or by himself.

"It should be noticed that the title of our school is *The University of Pennsylvania*, of which the Medical Department is a portion. The words 'State of Pennsylvania' are not a part of its designation.

"I have been thus explicit in the reply to your letter, with the view of exhibiting the impossibility of any irregular trade in diplomas on the part of such an institution as the University of Pennsylvania. From the form of the diploma a counterfeit would be very difficult.

"With many thanks for your kindness. I am very truly,

"Your obedient servant.

"JOSEPH CARSON,

"Acting Dean, U. P.

"We trust the University of Pennsylvania will stand fully acquitted in the eyes of our brethren across the sea of the gross charge of Sir D. Corrigan, so publically made. We feel, however, that the charge was made with much too little consideration, and shows a want of true professional courtesy to the medical profession in America. At the present day no man has a right, in our opinion, to make the sweeping assertion that "it is notorious that in America there are universities that sell their diplomas to all who can afford to pay for them," without the most undoubted authority for the statement. In point of fact, it is just as untrue as it would be to say that the Royal College of Surgeons in London sells its diplomas openly in America. Imposters there are the whole world over, who never tire in their inventions to draw money from the pockets of the simple-minded and credulous. A fictitious medical diploma would seem to be a very transparent form of humbug, were it not that the facts in the present instance show the reverse to be true. We have many medical schools in the United States—too many by half; but the poorest of them has too much self-respect to countenance the practice of which one of the oldest, if not the very oldest, and one of the first reputation, stands accused by Dr. Corrigan. Great ignorance prevails, we are well aware, in regard to our medical schools on the other side of the water. It would be a good work on the part of the American Medical Association to transmit to the General Medical Association of Great Britain some information upon the subject, and supply them with a list of our medical schools, in order that their graduates, when visiting Europe, might be met with the courtesy which, so far as our experience goes, is uniformly extended to European physicians when visiting America."

International Medical Congress.

THE International Medical Congress was opened on the appointed day by M. Bouillaud. The grand amphitheatre was adorned with paintings and flags of all nations, and was entirely filled by members of the Congress. Having called upon the meeting to elect officers, M. Bouillaud was declared President by acclamation, and was requested to appoint the other officers of the Conference. M. Bouillaud thanked the assembly for the honor, and designated for vice presidents six foreigners and six natives of France. Among the foreigners selected, as reported in the *Union Medicale*, were Virchow of Berlin, Palesciano of Naples, and Vleminckx of Brussels. Among the Frenchmen were Berard, Dean of the Faculty of Montpellier, Teissier, Professor at Lyons, Gintrac, Director of the School of Bordeaux, and Ricord, Vice President of the Academy of Medicine. M. Jacroud was elected Secretary-General, and MM. Bichetau, Beale, and H. Gintrac, of Bordeaux, were elected Secretaries of Sections.

In the programme of proceedings for Saturday, the 17th of August, we find the announcement of a paper by Prof. Brown-Sequard, under the title of "New Views with regard to the Signs of Cerebral Disease;" and in that for the 27th of August, a paper by Dr. Maxson, of New York, on "Shoulder Presentations;" these are all the contributions from Americans that we see announced.—*Boston Med. Jour.*

Miami Medical College.

THE regular lectures in the schools of Cincinnati begin with the first of October, without any preliminary matter. Prof. Richardson will deliver the lecture introductory to the general course of instruction in the Miami Medical College. The prospect is that a large number of students will seek Cincinnati this winter, recognising this city as the great medical center of the interior valley of the United States. No city in the Union affords a more complete organization for instruction than is to be obtained in the Miami College, and the clinical advantages of this city are all that any student can make available. Our city is remarkably healthy, and we hope that students will be on the ground promptly at the very opening of the session, and settle down for a useful winter's campaign.

Commercial Hospital

In the Commercial Hospital several changes have been made recently. Dr. Chas P. Wilson has resigned his position as one of the attending surgeons, and the vacancy is supplied by the election of Dr. Wm. Clendenin. Dr. Wm. Seely has been added to the ophthalmological department, and Dr. Roberts Bartholow made pathologist jointly with Dr. W. H. Taylor.

Another Medical Journal.

The *Humboldt Medical Archives* is the title of the third medical journal now hailing from St. Louis. The first number has come to hand, and bears the unmistakable evidence of the energy and ability of its editors, Drs. Hammer and Pallen. It is neat in appearance, and published for \$3 00 a year.

Personal.

We are pleased to see that Prof. W. W. Seely has returned to his home in this city. The doctor has been absent cultivating his profession in Europe for several months, and looks well.

Woman's Rights

Is the title of Rev. John Todd's recent tract for the people. Not long since we noticed a timely little pamphlet by the same author, entitled "*Serpents in the Dove's Nest*," embracing the consideration of fashionable child-murder, and the decline in human population. In this effort Dr. Todd after his usual trenchant manner, gives his views on the equality of the sexes—woman's sphere, voting, dress, education and like topics. The following brief paragraph gives the whole thing in a nutshell, and we are glad so good a man has the courage to take the only true ground:

"The root of the great error of our day is that *woman is to be made independent and self supporting*, precisely what she never can be, because God never designed she should be. Her support, her dignity, her beauty, her honor, and happiness. lie in her dependence as wife, mother and daughter. Any other theory against God's law of the sexes, against marriage, which it assails in its fundamental principles, and against the family organization, the holiest thing that is left from Eden."

The tract is published by Lee & Shepard, of Boston, and is full of terse facts, bearing upon this whole question of the relations of woman to society.

Sixth Annual Report

Of the Trustees of the Commercial Hospital of the City of Cincinnati, for the year ending February 28, 1867. We have received the usual report of the various departments of the Commercial, always an important institution—its importance greatly enhanced, in view of the speedy approach to completion of the new edifice, alluded to in another place. The information is valuable, but mostly of a tabular and statistical character. Physicians will read it with interest, and all citizens interested in one of our most important charities.

American Medical Association—Prize Essays for 1868.

The American Medical Association offers two prizes of *One Hundred Dollars* each, for the best two original essays upon subjects of professional interest: the committee reserving the right to reject all unless deemed fully worthy.

Competitors for these prizes must forward their essays to Dr. Charles Woodward, Cincinnati, Ohio, free of expense, on or before the 1st of April, 1868.

Each essay must be accompanied by a sealed note containing the author's name and address, and on this sealed packet must be inscribed some sentiment, motto or device, corresponding to a like sentiment, motto or device on the essay.

CHARLES WOODWARD, Chairm'n,	} Committee.
W. W. DAWSON,	
E. B. STEVENS,	
ROBERTS BARTHOLOW.	
P. S. CONNOR,	

Medical journals throughout the country are requested to copy.

Eye and Ear Clinic.

Drs Williams have opened a daily clinic for diseases of the eye and ear, at 444 Elm street, to which students can be admitted for a reasonable fee. Clinic hour from 1 to 2 P. M.

Reviews and Notices of Books,

THE PHYSIOLOGY AND PATHOLOGY OF THE MIND. BY HENRY MAUDSLEY, M. D., Physician to West London Hospital, etc.

THIS work, as we learn from the preface, is the result of the author's experience of the psychological method usually adopted in the investigation of mental disorders. He was thereby led to attempt "to arrive at some definite conviction with regard to the physical conditions of mental function, and the relation of the phenomena of the sound and unsound mind,"

In the first chapter we find a careful comparison of the two methods of examination—that of interrogating self-consciousness in accordance with psychological views, and the inductive method, which avails itself of the light afforded by physiology, by the development of mind as influenced by age and social position, and by its degeneration.

As foreshadowed in the preface, he concludes that the latter is the true method by which to arrive at correct conclusions regarding the pathology of the mind.

The eight succeeding chapters are devoted to the physiology of the nervous system, in which are presented the views of Carpenter, Spencer, and some of the recent continental writers, by whom it is maintained that the brain and spinal cord form the material substratum through which all mental phenomena are manifested.

But this part of the work is not a mere compilation, for in numerous cases Dr. Maudsley advances original ideas; some of which, no doubt, will stand the test of experience, and all of which are at least suggestive.

Part II. is devoted to the pathology of the mind.

Preliminary to the consideration of the causes of insanity, we have enunciated the doctrine, that in insanity there is always an impaired nervous system, which condition, not unfrequently is an inherited defect, although the ancestors may not have manifested alienation.

We then have a consideration of the usually accepted causes of insanity, with their *modus operandi*, with an appendix of illustrative cases.

From the perusal of part I. we could anticipate the author's

views upon the pathology of insanity, and consistently with his physiology we have an examination of the changes in the nervous system, in insanity, with these conclusions: "The truth is, that the first step in insanity often is a direct change in the individual elements of the tissues." And again: "Extraneous disturbances in the circulation—quantitative or qualitative—may be the direct cause of the disorder of the cerebral centres;" and this important practical remark, "It behooves us, therefore, to carry with us to the investigation of any case of insanity a deep sense of the importance of scrupulously studying every sign of physical disturbance, motor, sensory or nutritive, as well as the prominent mental symptoms."

In the most difficult part of the work, that of classifying the forms of insanity, the author has not made the advance we should anticipate; for, instead of basing his divisions upon physiological or pathological conditions, we find the usually adopted terms, melancholia, dementia, etc.

In the chapter on treatment, the family system of caring for the insane, is advocated in preference to restraint in an asylum, and not the usual restraint of the cottage system either, but liberty, and association, as far as possible, with sane persons, reserving the asylum for acute cases.

We have thus briefly touched upon the salient points of this work, and only touched them, for many of them would afford matter for extended and profitable consideration; indeed the whole work is fraught with valuable matter, presented in an interesting manner, though we must say we cannot fully concur in the views of the author.

For sale by Robt. Clarke & Co. Price \$4 00.

T.

THE PHYSIOLOGY OF MAN. Designed to represent the existing state of physiological science, as applied to the functions of the human body. By AUSTIN FLINT, JR., M. D., Professor of Physiology in the Bellevue Hospital Medical College, etc., etc. New York: D. Appleton & Co., 1867. Price \$4 50.

A TREATISE ON HUMAN PHYSIOLOGY. Designed for the use of students and practitioners of medicine. By JOHN C. DALTON, M. D., Professor of Physiology, etc., in the College of Physicians and Surgeons, New York, etc., etc., etc. Fourth edition, revised and enlarged, with two hundred and seventy-five illustrations. Philadelphia: Henry C. Lea, 1867. Price \$5 25 Both on sale by Robt. Clarke & Co.

We have before us two new works on human physiology, both of them by American teachers of this department of professional study. The first named is, perhaps, rather more pretentious, being the second volume only of the proposed plan, which is comprehensive and exhaustive; while the second is a new edition of a well known work, which has already secured the respectful attention of physiologists, as a reliable text book, and as compared with Prof. Flint's work, acceptable as being a systematic view of the present state of the science, condensed within the compass of a single volume.

About one year ago, we had the pleasure of reviewing in terms of great satisfaction, the first volume of Dr. Flint's work, embracing treatises on the *blood, circulation, respiration*. In the volume before us we have in like manner a consideration of *alimentation, digestion, absorption*. To complete the work on the plan proposed will require, as we judge, at least two additional volumes. This series of monographs will, when completed, afford a very thorough summary of the present state of physiology; while each volume of the series is complete in itself. We note that our author has made good use of many of the medical contributions of the late war. Thus, for instance, the State reports made by Prof. Jones, and others, of the Confederate service, afford facts on the subject of alimentation which history rarely gives. We observe, too, with pleasure, that even upon well established points of scientific inquiry, Dr. Flint has reviewed with great care the earliest authorities, and in many cases carefully confirmed by his own experiments. This volume, like the first, is elegantly printed, on beautiful tinted paper, and is a marvel of artistic beauty.

That Dr. Dalton's systematic treatise should go through a fourth edition in less time than eight years, is a very fair indication of its excellence, and the attractive character of its manner and matter. As our author remarks, "the progress of physiology and the kindred sciences, has not consisted in any very striking single discoveries, nor in a decided revolution in any of the departments; but it has been marked by great activity of investigation in a multitude of different directions, the combined results of which have not failed to impress a new character on many of the features of physiological knowledge." Dr. Dalton also alludes to the relation which discoveries in other departments of knowledge, and the complete study of the functions of

the lower animals, have all had upon physiological investigations.

In this present edition all these elements appear interwoven, bringing up a careful review of the science to the present date. We do not have in this work the same elegance as in the other work before us, but it is handsomely printed on clean white paper, and is sufficiently attractive in its appearance.

INJURIES OF THE EYE, ORBIT AND EYELID. Their immediate and remote effects. By GEORGE LAWSON, F. R. C. S. Eng., Assistant Surgeon to the Royal London Ophthalmic Hospital, etc., etc., with numerous illustrations. Philadelphia: Henry C. Lea, 1857.

The author of the small volume before us says that his "aim has been to produce a book of reference in which will be found not only a description of the injury and its primary treatment, but also the best method of dealing with those changes and deformities which, however remote, may be more or less consequent on the accident." A somewhat hasty examination of the book gives evidence that the author has fulfilled his promise. Towards the latter part of the volume we notice an abstract from the Surgical Report of the Royal London Ophthalmic Hospital, for the year 1866, which forms a good index of the different diseases of the eye, and it gives also a fair approximation of the relative frequency of each. There is also appended Jaeger's test types, which eye surgeons will rightly appreciate. For sale by R. W. Carroll & Co. Price, \$3 50.

HISTORY OF THE AMERICAN CIVIL WAR. By JOHN WILLIAM DRAPER, M. D., L. L. D., Professor of Chemistry and Physiology in the University of New York, etc., etc. In three volumes. Vol. I. New York: Harper Bros., publishers, 1867.

We have heretofore had the pleasure of reviewing in this journal the various works of Professor Draper. We have now before us the first volume of a work which will certainly confirm the fine reputation of the author for scholarship, as well as fine scientific attainments.

The present volume, although named as the first of a series, is complete in itself, being a treatise on the *causes* of the late civil war in America.

In the present work we find the same character of philosophy

as pervades his History of the Intellectual Development of Europe, namely, the influence of climate and geography upon the social condition and progress. Indeed, Dr. Draper tells us that while engaged upon the former work his "attention was often drawn to facts illustrating how much the natural life of the American people had been influenced by uncontrollable causes, and how strikingly it exemplified the great truth that societies advance in a pre-ordained and inevitable course." Our author maintains and illustrates his views with a maturity of facts and personal ability not easy to controvert; and yet we cannot but feel that he is treading closely upon the dangerous ground of fatalism.

The general plan of the present volume is as follows: Physical Characteristics of North America; the American Population: its colonization and diffusion; the tendency to antagonism impressed on the American population by climate, and other causes; this antagonism between the North and South assumes the nature of a social contest; conflict of the free and slave States for supremacy; preparation for war.

In the minute consideration of these divisions of the subject Dr. Draper brings to bear a patient investigation and impartiality that wins for him our entire respect, while the elegant style of our author chains us despite of ourselves. The whole spirit is that of peaceful philosophy and universal charity; for, says he, "when we appreciate how much the actions of men are controlled by the deeds of their predecessors, and are determined by climate and other natural causes, our animosities lose much of their asperity, and the return of kind feelings is hastened."

We must not close this brief notice of this interesting work, without expressing our great pleasure in perusing a volume issued with such attention to the mechanical execution. The paper and letter press are very attractive, and greatly add to the comfort of the reader. For sale by Robt. Clarke & Co Price \$3 50.

Abstracts and Selections.

SURGICAL.

On Tumors of the Scrotum in Infants.

SOME very curious cases of testicular and peritesticular tumors in young boys were presented to the Anatomical Society of Paris by M. Louvet. These cases formed the subject of a very interesting report by M. Hayem.

The first case was one of tuberculization of the epididymis in a child five and a half years of age; another case was one of encephaloid cancer of the testicle in a child aged sixteen months; the third was one of fibro-plastic tumor without the testicle in a boy aged seven years and a half. These tumors had been removed by M. Giraldes, and submitted to the members of the society for examination. M. Hayem was requested to make a microscopical investigation. These cases are remarkable especially on account of the ages of the patients, for all surgical authors agree in the statement that tubercular and cancerous deposits are not met with in the generative organs before the period of puberty. The case of fibro-plastic tumor seems to be altogether exceptional, and no instance can be found reported by authors that in any way resembles it.

In the case of M. Louvet, the tubercle was developed in the epididymis to the exclusion of the testicle; the cancerous deposit was found in the seminal gland itself, and the epididymis remained intact: this is contrary to the opinion of M. Robin, who asserts that cancerous sarcocele is developed in the epididymis, and does not attack the testicle. The fibro-plastic tumor was formed without the tunica vaginalis, which it inclosed on every side, forming around it a more or less thickened shell. No doubt remained as to the intimate nature of these tumors after microscopical examination.

M. Hayem, in discussing the clinical history of the patients who were affected with these tumors, showed that difficulties almost insurmountable were presented to the diagnosis; for these tumors are much more difficult to recognize in the infant than in the adult, and each variety is not marked by its special symptoms. The case of tuberculous disease of the epididymis alone

presented sufficient signs to allow of the surgeon's making a diagnosis.

The following are the conclusions of M. Hayem concerning prognosis and treatment:

"The immediate prognosis in these cases was not very unfavorable; but when considered with a view to the future it remains very obscure. With regard to treatment, it appears from the practice of M. Giraldis, and from the results derived from it, that castration ought to be performed as soon as the surgeon is convinced of the existence of a tumor which may destroy the testicle. But if tubercular deposit can be diagnosed with certainty, it may be asked whether, as in the case of the adult, the surgeon should not wait before deciding upon the removal of an organ the important functions of which are not completely impaired."

Rankin's Abstract.

On Prolapse of the Urethra in Children. By M. GUERSANT.

M. GUERSANT has met with twelve or fifteen cases of prolapsed urethra in girls from two to twelve years of age, although this affection is scarcely mentioned in the literature of the diseases of the urinary passages. He attributes it to the following causes: 1. Repeated straining, as in the cough of pertussis and chronic bronchitis, and in the repeated and forced attempts at defecation consequent upon constipation. 2. General debility. Dr. Guersant has met with prolapse of the mucous membrane of the urethra in young girls during a long convalescence from acute disease, and during chronic affections. The infants do not suffer much from this affection; there is sometimes a frequent desire to micturate, and scalding during the passage of urine. If the parts be examined, the vulva will be found redder than it usually is, and at the meatus urinarius will be observed a small rosy swelling, apparently proceeding from the interior of the canal, and the surface of which is formed of mucous membrane; at the center of this little tumor there is an orifice through which a sound may be carried into the bladder. This state of things may continue for a long time without producing any disturbance, but sometimes the swelling increases gradually, and gives off a sanguineous discharge which afterwards becomes purulent, its surface becomes irritated, and superficial sloughing may occur, with inflammation of the adjoining parts and vulvitis.

Prolapse of the mucous membrane of the urethra may be diagnosed from a urethral polypus by its forming a circular swelling with a depressed center at the meatus, and by the absence of a pedicle.

In the treatment of this affection M. Guersant prefers incision to cauterization or the ligature, as the growth is by this means removed promptly, and the child is sooner restored to its normal condition. He does not administer chloroform in this operation, except the little patient be timid or difficult to manage. The labia majora having been separated by an assistant, the prolapsed portion is drawn forward either by a tenaculum or by a loop of thread, and then nipped off at one stroke by curved scissors. If there be much hemorrhage, it may be arrested by the application of a solution of perchloride of iron, or by pressing upon the wound for some seconds a small plug of agaris saturated with the styptic fluid. Frequent washing with cold water, and the occasional application of the stick of nitrate of silver will suffice to produce cicatrization. Micturition is painful for a few days after the operation, but this will not continue long.

In one case where the projection had been incised, and the subsequent hemorrhage could not be arrested by the perchloride of iron, M. Guersant applied a bladder of ice over the hypogastric region and the front of the vulva for twenty-four hours; this plan was followed by success.—*Bulletin de Therapeutique, Rankin's Abstract.*

Wounds and their Treatment. By Prof. SIMON.

The universally accepted classification of wounds, according to the properties of the instruments by which they are inflicted, and the treatment based upon it, is totally erroneous. S. therefore proposes a classification which corresponds to the properties of the wounds itself, *i. e.*, the condition of its edges and vicinity.

(*a.*) *Wounds with viable* edges; i. e.*, in which the cohesion of the divided tissues has not been visibly altered by the movements of the acting instrument. The edges of these wounds contain no unevenly torn and contused tissues; the vicinity is not suffused with blood, and has a perfectly healthy look. They heal, after sufficiently accurate coaptation, by first intention, unless constitutional conditions or foreign bodies, etc., oppose it. To this class belong chiefly the incised wounds with or without loss of sub-

*"Lebensfähigen"—capable of living.

stance; but wounds with viable edges may also be produced by blunt objects; namely, in supported tissues when struck by the blunt instrument with the greatest velocity, with loss of substance, or in unsupported tissues by rupture after more or less tension of the parts, with little or no loss of substance. The narrower the blunt instrument is, the more rapid and forcible its effect, and the less the tension of the divided tissues,—the more capable will be the edges of preserving their vitality. Lacerated wounds with flaps have viable edges when a soft object has pierced the soft parts and torn off the flap with its flat side.

(*b.*) *Wounds with dead edges.* The tissues which border them are “killed” by the force of a blunt object, and therefore not adapted for healing by first intention. They must undergo inflammatory, suppurative, and exfoliative processes, until the dead is separated from the living, and the loss of substance filled up by granulations. According to the force of the insult, and according to the greater or less thickness of the insulting object, its vibrations and the alterations of cohesion dependent upon them will extend upon the further neighborhood—causing contusions and suffusions of blood—or confine themselves to the “killed” edges.

(*c.*) *Wounds with partly dead, partly viable edges (mixed wounds).* A part of these have the properties of the wounds described sub. (*a.*) and heal by first intention, whereas others answer to the description (*b.*) and heal by second intention. These also are caused by more or less blunt bodies; the division is accomplished by the crushing of supported tissues or the tearing of unsupported tissues, or simultaneously by both modes. To this class belong the majority of lacerated wounds, caused mostly by the impingement of a blunt body moved with great velocity. The part immediately struck is contused, while the sides of the regular wound are torn, and hence frequently possess edges capable of living.

The Treatment of wounds in general follows simply from the condition of its edges. Viable edges are carefully brought together; in case of dead edges the sloughing and suppuration must be assisted, and in mixed wounds we attempt, if at all possible, to produce viable edges. S. unites all wounds with viable edges by nature, even those of the scalp, the hand and the foot. Sometimes, indeed, S. saw erysipelas—so much feared in these cases—occur, but he does not believe, that without the application of the

suture this would have been avoided. The wound occasioned by the suture hardly comes into consideration when fine thread is used; moreover S. saw erysipelas occurring after just such wounds, which had not been united by suture, and had come late under treatment. The rapid and secure coaptation of such wounds which is only possible by the suture, undoubtedly removes the patient from the dangers of accidental complications. The suture, moreover, facilitates the energetic application of cold, and the hairs of the scalp need not be shaved away in so great an extent.

To repress the granulations in large, luxuriantly granulating surfaces to the level of the skin, S. prefers the methodical pruning of the granulations by means of a Cooper's scissors, the convex surface of which is applied to the granulations—as compared with the very painful cauterizations with lunar caustic or the difficult compression by adhesive strips. He prunes the edges of the wound chiefly. The copious hemorrhage ceases soon and spontaneously; the pain is very slight.—*St. Louis Med. and Surg. Jour. (from Deutch Klinik)*

OBSTETRICS.

Hydatids of the Uterus Simulating Pregnancy.

Since reading Mr. Ley's case of hydatids in the last number of Braithwaite, I am induced to report a somewhat similar case that recently occurred in my own practice. Judging from his remarks that such cases were not common, I thought that perhaps the case might not be uninteresting to the profession.

A lady, aged 29, who had a child about two years ago, recently sent for me and informed me that she was four months gone in pregnancy, and that for the last four or five weeks she had had a troublesome hemorrhage from the womb. The flow, she said, had been more or less constant during that time, the discharges being at times dark, at others fresh as from a cut.

She seemed to have all the symptoms of pregnancy; had had morning sickness, increase in size of abdomen, etc. Her pulse was normal, appetite good, bowels rather constipated, pain in the small of the back; this latter symptom was an early and constant attendant upon the menorrhagia.

Fearing a threatened abortion I ordered opiates, sinapism to back and absolute rest, with directions to call me should any new symptoms appear, or if she got no relief. I saw her again in a

few days; there was no abatement of pain or flowing, a little increase of latter if anything. I found on vaginal examination that the cervix was softened to about one-third its extent; thus this important symptom confirmed my diagnosis. Now ordered tr. ferri. muriat. in doses of 15 drops four times a day, and continued this treatment for two weeks, but with no diminution of the flowing. Then prescribed oleum erigeri, with like results, afterwards small doses of ergot, vaginal injections of dilute sulphuric acid (5 drops to the oz. of water), but the hemorrhage steadily increased from week to week, so that at the end of four weeks from the time I first saw her, it amounted to three or four ounces per day, which affected her strength seriously. About this time she said she began to feel *motion* of the fetus quite distinctly.

Suspecting I had got a case of placenta prævia, and seeing no prospect of arresting the hemorrhage until the uterus had expelled its contents, I advised producing premature labor. Comprehending the necessity the patient consented. Made another vaginal examination, found a slight advancement of softening of the cervix, and noticing some brown patches of membrane, or what appeared to be such, told her I thought the fetus might be dead; she asserted that it could not be so, for she felt the motion very vigorously. The next day I introduced a sponge tent into the cervix and plugged the vagina.

Labor came on in twenty-four hours, pains quite frequent but feeble. Removed the plugging and tent, and found the os dilated so as to admit my finger, and a soft mass presenting, which I took to be the placenta. The hemorrhage was not greatly increased. The expulsive efforts of the uterus continuing feeble, I gave ergot, and was obliged to push it as far as I dared, before the uterus could be stimulated sufficiently to expel its contents. About four hours after the first dose of ergot was given, I discovered in one of my examinations, that the vagina was completely filled with a soft mass, which, readily breaking up under pressure, I took to be a clot, but on removing a portion, discovered I had got a case of hydatids, as much to my surprise as to the patient's. I removed, in the course of half an hour, about two quarts of this substance, which resembles exactly the mass that Mr. Ley speaks of in his case. It was composed of hundreds of watery vesicles, some quite minute, others as large as the end of the finger, united by a substance resembling the body of a placenta, but as readily breaking down under pressure as clots.

The womb contracted well after its contents were expelled. There was not as much hemorrhage as is usual during an abortion at five months. On the third day there was a slight secretion of milk. The lochial discharge continued about as long as after ordinary cases of labor. The patient made a rapid recovery.—*Cor. Boston Med. Journal.*

OBITUARY.

ALFRED ARMAND LOUIS MARIE DE VELPEAU.—This eminent Surgeon died August 23d, ultimo, in the seventy third year of his age. Originally poor, he fought his way up, by indefatigable work, through the concours, to positions in hospital, until at length, in 1835, he won the chair of Clinical Surgery. In 1859 he received the dignity of Commandant of the Legion of Honor. His fame was world wide, as operator, writer, lecturer and student. He was styled the "King of Surgeons." His death completes the triune of great Frenchmen who have yielded to death's inexorable demand; we have already announced the death of Civiale and Trousseau.

MICHAEL FARADAY, D. C. L., F. R. S., died in London, August 27th ult., having nearly attained the worthy and advanced age of seventy-six. Prof. Faraday was eminent as a chemist and natural philosopher. He held the chair of Chemistry in the Royal Institution for many years, made many important scientific discoveries, and was the recipient of many distinguished honors.

DR. JAMES JACKSON died in Boston, Mass., August 27th ult., at the age of ninety years. Dr. Jackson was Professor of Theory and Practice of Medicine in the Medical Department, Harvard, for twenty years, from 1812 to 1836. He was one of the founders of the Massachusetts General Hospital.

DR. J. MASON WARREN died in Boston, August 20th ult., of cancer of the bowels. Dr. Warren was the third generation of eminent medical men. The grandfather, Dr. John Warren; the father, Dr. John C. Warren, and Dr. J. M. Warren. He was one of the bright lights of American surgery. Full notices of both of these distinguished men are given in the letter of our Boston correspondent. Dr. Warren died wealthy, leaving, by will, prop-

erty to his wife, amounting to about \$100,000; \$50,000 to his five children in trust; \$5,000 to the Medical Benevolent Society of Massachusetts; and \$2,000 to the Massachusetts General Hospital, as a fund for a prize, to be called "the Warren Prize," in honor of his father. His library, instruments, &c., are given to his son, John C. Warren.

Business Notices and Acknowledgements.

NEW BOOKS—

DALTON—Human Physiology. H. C. Lea.

MURREY—Emotional Disorders. A. Simpson & Co., New York.

LAWSON—Injuries of the Eye. H. C. Lea.

STORER—Is it I? Lee & Shepherd.

FLINT—Physiology of Man. Appleton & Co.

Arrearages, Bills, &c.

Last month we sent out a large number of bills, and take this opportunity of thanking the many prompt responses. A few, however, seemed irritated that so large bills have accumulated. To all such we only repeat, that, if we have made oversights, we will be glad and prompt to correct; beyond this, the vexation should naturally be on the other side, and if we have in some cases allowed the account to stand unsettled for two, three, or even more years, we think our patrons should be pleased to remit now with alacrity and good nature. The fact is the most *agreeable mode of business is prompt advance annual payments*, and then bills do not grow unpleasantly large, and the printer always has his pay.

We also take this opportunity to say that we are engaged in getting up a *New Mail Book*, and desire the co-operation of our subscribers to make it correct and perfect. Hence subscribers failing to receive their numbers will please inform us at once, that

we may correct any omissions. At the same time it will be very pleasant and profitable to commence the use of the new Mail Book with no arrearages carried forward.

Dr. Waldo.

Dr. Waldo continues to practice Eye Surgery at his old office, Fourth and Race. See card.

Literary Exchanges.

Time rapidly passes away, and very soon our friends will desire to select their periodicals for a new year. Below will be found notes of our best American exchanges in this department.

HARPER'S MONTHLY MAGAZINE, the most attractive illustrated literary periodical in this country. September continues and October concludes the Dodge Family; with the usual variety in all its departments. Price \$4 00 a year. New volume begins with December. Lancet & Observer and Harper sent for \$6 50.

ATLANTIC MONTHLY, for \$4 00; OUR YOUNG FOLKS, for \$2 00; and EVERY SATURDAY, for \$4 00, are all regularly on our table—and on everybody's table.

GODEY'S LADY'S BOOK draws toward the end of its year. The October number is already, as is usual in its promptness, on hand. Price \$3 00 a year.

OUR BOYS AND GIRLS. By Lee & Shepherd, Boston. Price \$2 50 a year. This new candidate for popularity grows in favor as in excellence. It appears weekly, and is a capital companion for the family circle.

THE DIAMOND DICKENS: MARTIN CHUZZLEWIT, DOMBEY & SON, OLD CURIOSITY SHOP: These elegant volumes continue to appear in steady succession, and have proved a great success. There is no falling off in the beauty of the mechanical exactness, as well as the illustrations, so well established in the first of the series. LITTLE DORRIT and BLEAK HOUSE are announced as the next in order. Price \$1 50 each volume for illustrated edition; \$1 25 each for the plain edition. Our medical friends should buy this series as it issues, and enjoy afresh the creations of their old favorite, Charles Dickens.

THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

NOVEMBER, 1867.

No. 11.

Original Communications.

ART. I.—*The Use of the Hyposulphite of Soda in Malarious Diseases.* By S. E. HAMPTON, M. D., Milton, Ky.

THAT every poison has its peculiar mode of operating when introduced into the human system, no one will deny. Everybody knows that the cholera poison, the small-pox poison, the scarlet fever poison, the malarious poison, and so on almost *ad infinitum*, have the power, under favorable circumstances, of producing effects peculiar to themselves. The precise manner in which they operate is prolific of great interest to the pathologist, but is foreign to our present subject. We know they do act, and that one poison will counteract another. We know that the Hydrated Sesquioxide of Iron will neutralize arsenic. In other words, it will render an otherwise deadly poison perfectly harmless. We have many examples of the kind which chemists satisfactorily explain. But who will give us antidote for cholera, typhus or syphilis poison? Yet, if the direct action of all poisons is that of catalysis, or, in other words, if they have a force or power by which the blood is decomposed by mere contact, may we not discover something that will rob them of that power, in a manner similar to the arrest of the vinous fermentation by a sulphite, which can only be explained upon the catalytic principle.

Dr. Samuel Jackson enthusiastically advocated the correctness of the theory of a *materies morbi* acting as a ferment in the blood. And with the understanding that it was to be rendered inoperative, the sulphites and hyposulphites have been given with very flattering results.

Dr. T. L. Leavit reports a case (Am. Jour. Med. Sci., 1866, p. 688,) in which quinia failed for four weeks to interrupt the paroxysms of a remittent, but which yielded almost instantly to the Hyposulphite of Soda.

Dr N. L. North thinks the Soda a "remedy of much power in controlling the symptoms of the developed disease (scarlet fever). by destroying the poison, etc., (N. Y. Med Jour., March, 1866).

Dr. W. H. Baxter states that he "has treated over one hundred cases of intermittent and remittent fever with this remedy alone, and in no case has there been an exacerbation after taking the remedy a reasonable length of time.

We are convinced that the Hyposulphite of Soda possesses the property of rendering the malarious poison inoperative, either by destroying the poison or the susceptibility of the system to its influences. In support of this belief, we submit the following report:

CASE 1, W. M. M., æt. 28.—Attacked with intermittent fever while in the army, in 1864. Suffered frequent relapses until cold weather. Had chills again for six weeks in the fall of '65; took large and frequent doses of quinia. First seen April 18, 1866; greatly emaciated; marked enlargement of spleen; tongue coated slightly; bowels regular; appetite poor. Ordered Sodæ Hyposulphis 3ss, Aq. Minth. pip., Syr. Tolutan a a fʒj m. Sig. 3 i ter hor.

April 20—Chill came at usual time, but not near so severe. Fever moderated and third stage hastened. April 22—Chill of but a few moments' duration. Fever slight. April 24—Escaped the paroxysm entirely. From this time convalescence was rapid. The remedy was repeated in xx gr. doses four times every seventh day for four weeks, since which he has enjoyed perfect health, the splenic enlargement gradually disappearing.

CASE 2.—Mrs. W., æt 26, had chills last fall, and took a great deal of quinia. First seen April 19, 1866; had suffered but slightly, having had but four paroxysms. The Soda was prescribed in xx gr. doses, which arrested the disease in two days. No relapse occurred.

CASE 3.—H. F. S., M., æt 41, has suffered for years with disease of the liver. First seen April 21, 1866; very feeble and greatly emaciated, scarcely able to walk across the room; had chills last fall until cold weather, and this spring for the last two weeks; says he would rather die than take more quinia, on ac-

count of it affecting his head: paroxysms gradually increasing in severity. Gave the Soda in xx gr. doses (nothing else at all) and by the 4th day, I had the satisfaction of seeing the disease arrested, and hearing the patient say: "Well, doctor, this is the greatest medicine in the world. It works like a miracle." The remedy was repeated every 7th day for four weeks. The cure was permanent. [Patient enjoys better health at present (Sept. '67) than for 10 years previous.]

CASE 4.—D. A., *æt* 21, had chills three months last fall; took a great deal of quinia, which affected his hearing; had frequent relapses. Was attacked with chills again this Spring; had four paroxysms; took quinia; returned in seven days; took more quinia; hearing again became affected. Used Smith's tonic; chills continued. First seen April '22, 1866; considerably emaciated; appetite poor; tongue coated; bowels constipated; pulse 90; cephalalgia intense. Ordered R. Sodæ Hyposulphis ʒss syr. Tolutan., aq. minth. pip, *a a* F. ʒi M. sig. ʒi ter hor. April 23—Chill came on at 2 P. M. The remedy seemed to lessen the fever and hasten third stage. April 25—Chill very light; fever hardly perceptible, which was the last symptom to the present (Sept., 1867) time. The patient rapidly improved. Took four doses of the Soda every seventh day, and nothing else, for four weeks. Although he continued to reside in the same malarious district, yet he has not suffered a relapse.

CASE 13.—G. M. M., *æt* 4, lives in a malarious district; had chills last fall until cold weather set in; returned about the 1st of April, since which paroxysms were arrested four times with quinia. First seen May 26, '66. Very anæmic and greatly emaciated; diarrhoea for three weeks; tongue furred, red at edges; appetite ungovernable at times, again entirely wanting; the paroxysms were of the quotidian type, and very severe. I thought this case a fair one in which to test the powers of the Soda, and accordingly ordered Soda in gr. x, doses every four hours. May 27—Had taken five doses; chill came at usual time, but was decidedly milder. 28th—Chill very light, and fever of short duration. 29th—Escaped entirely. Convalescence rapid, and cure permanent.

CASE 11.—A. K., *æt* 18 months, first seen 4 P. M., May 21, '66. Chill came on at 10 A. M. very severely; fever high, during which the child suffered frequent convulsions. Found it comatose; pupils largely dilated; patient perspiring freely; respira-

tion labored; deglutition impossible; abdomen tumid and hard. Gave enema of salt water, oil and turpentine; kept head cool; frictions, together with sinapisms to extremities, which were cold. Sensibility returned in half an hour. Gave a brisk cathartic, which acted during night. Ordered santonin next morning: 73 worms were expelled in 24 hours. Child much better. May 23, 12 M.—Chill came on, which lasted two hours, followed by high fever and convulsions as before. Learning that the family had been visiting in a malarious district, I became convinced that was the source of trouble, and accordingly ordered the Soda in x gr. doses. May 25—Chill returned at usual time, but the convulsions did not occur. May 27—Paroxysm very light, after which there were no more symptoms of the disease. [No relapse has occurred to present time, Sept., 1867.]

CASE 28.—T. McM. at. 4, male—Robust child; had chills last fall. First seen April 2, '67. Found the child in a semi-comatose condition, from a severe convulsion which occurred in the second stage of the paroxysm. The child has been laboring under the disease for the last week, and suffered a convulsion during every paroxysm. The Soda was given in x gr. doses. April 4—Paroxysm very light, no convulsion occurring. April 6—Escaped entirely; convalescence was rapid, and cure permanent.

CASE 42.—H. W., f. at. 4, delicate constitution. Had an inguinal abscess six months since. First seen Aug. 10, 1867. Never before had the ague, although living in a malarious district. Found the child in a semi-comatose condition, 4 P. M.; had a chill this morning, followed by intense febrile movement, during which a severe convulsion occurred. Ordered the Soda in x gr. doses every four hours. Aug. 12—Chill came on at 8 A. M.; paroxysm somewhat milder. 14th—Paroxysm occurred at usual time. 16th—Paroxysm severe; remedy continued for two days, without apparent effect, after which quinia was administered in anti-periodic doses, and convalescence speedily ensued.

As an evidence of the efficacy of the Soda, I will state that in 66 cases, in which I have used the remedy, it has failed in but one (42d). I am so thoroughly convinced of the anti-periodic properties of the remedy that I seldom prescribe any other.

SEPTEMBER 14, 1867.

ART. II.—*Tumor of the Breast—Report of a Case.* By
S. B. JUDKINS, M. D., Highland, Ohio.

MESSRS. EDITORS.—I send you a short history of a case which I do not see reported often. The extreme age of the patient induces me to do so. If you consider it of any value, you can give it notice; if not, do as suits you best.

Mrs. John Canter, aged 80 years, with distorted spine, and very feeble, had a very hard tumor of the left breast; commenced enlarging 12 years ago; never very painful till one year ago, then sharp pains toward the axila. About the first of last March it "broke" just below the nipple, and discharged great quantities of blood (from one to three pints every day). March 27, 1867, I was called to see her; found patient sitting by the fire, smoking a pipe. She looks very feeble, and much reduced; introduced a probe three inches; gave but little pain; the edge of the orifice dark colored; breast very hard some distance around the nipple; a cutting pain in the direction of axilla. I proposed removing the breast, and after giving a plain statement of the consequences, rather discouraging than otherwise, she consulted her husband (who was 93 years old), and came to the conclusion to have it removed. Next day was agreed upon (March 28) for the operation. Gave her a purgative and requested her to eat no breakfast on the morning of the operation. Next day, in company with Dr. Cyrus Elwood, we found the old lady in good spirits; purgative operated. Dr. Elwood gave her one ounce of apple brandy before administering chloroform. At 1 o'clock P. M., she was placed in a recumbent position on a table, and chloroform 1 ounce, sul. ether 3ss in a phial for use; about 3ss was poured upon a handkerchief and held to her for inhalation; in ten minutes she was insensible to pain. Standing on the opposite side, I commenced an incision near the axilla, and terminating near the middle of the sternum downwards to me, then a corresponding incision upward and to me to the termination of the lateral incision, then dissecting down to the pectoral muscle, and turning out the entire gland. The arteries being compressed by my student, Mr. Eugene Judkins, as soon as cut; as only three sprung, we had no trouble, arteries being secured by ligatures, and left hanging out of the wound, which was closed by six sutures and adhesive straps between. Dry clothing was now put on her and she was removed to bed, and coffee, ham and eggs

given one hour after operation; cold water dressings applied, to be removed as often as they became dry or warm, until suppuration is established. April 1—Suppuration fully established, and patient doing well; from this time her breast was dressed twice a week; twelve days from operation, ligatures came away, and I cut out the stitches. April 17—I find the incision entirely healed. She never was confined to bed an hour in consequence of the operation, from the first two days. Considering her extreme age, I think she did very well.

Hospital Reports.

LONDON HOSPITALS.

Menorrhagia.

IN the ordinary practice of everyday life there are few conditions which the medical attendant is more often consulted about than those of which menorrhagia is a symptom. Or rather, perhaps (and here lies a great source of fallacy), he is consulted about menorrhagia so often that he is led in many instances to look upon this *symptom* as a specific disorder which will yield to specific remedies. And so in that ardent yearning after knowledge which is so often seen for the first time in a newly-fledged medical man who has just ceased to be a student, the question will be frequently asked, "what is a good thing for menorrhagia?" as who should say, "how do you cure the headache?" In referring to the subject here we do not of course suppose that our readers are likely to fall into a similar error, but we have collected from some of the hospitals a few hints respecting the treatment of the different pathological conditions of which this symptom is so frequently an exponent, and these will probably be interesting as well as useful.

ST. BARTHOLOMEW'S HOSPITAL.

Dr. Greenhalgh remarks that in the treatment of this symptom (menorrhagia)—due to such a variety of causes, among which may be enumerated fibroid and fibrous tumors of the uterus, non-pedunculated and pedunculated; subinvolution, congestion, al-

tered conditions of its mucous lining, fibrinous clots, and other abnormal contents, malpositions, spongoid tumors of the cervix, malignant diseases, etc., occurring under such variable and widely differing circumstances, and varying so much in duration and intensity, and in its effects in individual cases—considerable modifications must of necessity be and are pursued; still, for the sake of dispatch and facility in dispensing, a certain routine is observed in the out-patient female department which will sufficiently indicate the usual course of treatment adopted by him in this institution. By far the greater number of cases of menorrhagia are due to fibroid or fibrous out-growths or in-growths from the uterus, which are mostly treated by a pill composed of one-twelfth of a grain of bichloride of mercury combined with quinine and belladonna, to which is frequently added small quantities of the aqueous extract of aloes, taken night and morning for some weeks; a mixture composed of dilute sulphuric acid, tincture of Indian hemp, mucilage, liquid extract of ergot, syrup, and infusion of quassia, three or four times a day, being ordered just prior to and during the catamenial flow. Between the “periods” a draught of iodide or bromide of potass, with the liquid extract of ergot, sal volatile, and infusion of quassia, is given twice a day. If the loss of blood have been very great, or the patient be anæmic, the tincture of sesquichloride of iron with the liquid extract of ergot, chloric ether, syrup, and infusion of quassia, twice or thrice a day, with the pills, are prescribed. Where the patient is more or less plethoric, which is rarely the case, the sulphate of magnesia and digitalis, either with dilute sulphuric acid or salines, and scarifications or leechings of the cervix uteri, are found most serviceable. In cases of subinvolution of the uterus, attended with menorrhagia due to imperfect recovery from labor or miscarriage, hyperlactation, or other affections leading to constitutional debility, especially in the strumous habit, the syrup of the iodide of iron with or without ergot, and with the pill above referred to, are found very efficacious. A similar course is pursued, sometimes with, sometimes without, the pills, where the commencement of malignant disease is the exciting cause of this symptom.

In cases of Bright's disease and other affections interfering with the stasis of the blood, gallic or tannic acid, usually combined with henbane, prove valuable hæmostatics; some preparation of iron with arsenic being usually ordered between the

"periods." Where polypi, portions of retained ovum, or fibrinous clots are detected, they are removed.

Dr. Greenhalgh particularly draws attention to the frequency of menorrhagia as the result of collections of fecal matter in the large intestines and rectum, and of hepatic derangements occasioning mechanical irritation and congestions of the hamorrhoidal vessels and uterus. For calculi, in addition to the pills, he prescribes repeated doses of the compound decoction of aloes, with tincture of *nux vomica*.

In all cases he recommends quiet of mind and body; rest in the recumbent posture; nutrititious and unstimulating diet; cold acid drinks; tepid or cold water vaginal injections; great moderation or total abstinence from sexual excitement.

He now and then has recourse to the following means:—Matico-cotton plugs or pessaries; astringent vaginal injections; sponge tents; iodide of lead and atropine pessaries; iodised cotton; Hodge's and other pessaries in cases of misplacement of the uterus, etc.

Dr. Greenhalgh adds that, *ceteris paribus*, menorrhagia is more prevalent among women of lax fibre, more especially if they had many children or abortions in rapid succession; in those subject to acne, pruritis, or eczema, and about the climacteric; in those of intemperate habits of various kinds, etc. He considers it is by no means always easy to determine whether the case is one of menorrhagia or threatened abortion.

UNIVERSITY COLLEGE HOSPITAL.

Cases of menorrhagia pure and simple, and apart from the presence of some physical alteration of the uterus, are, according to Dr. Graily Hewitt's experience, very rare; and he has little belief in the efficacy of specifics for the cure of this symptom. The condition of the uterus causing the undue loss must be treated, whether it be flexion, polypus, commencing carcinoma, etc., in order to procure satisfactory results. In all cases Dr. Hewitt attaches much importance to rest during the "period." Daily use of the vaginal douche of cold water is a valuable means of diminishing the congestion and restoring the lost tonicity of the uterus. The tincture of iron, in doses of from fifteen to twenty minims three times a day, combined with a few drops of glycerine, is very frequently given, and found efficacious, where the system is debilitated from repeated losses of blood. In many

cases Dr. Hewitt administers a few doses of ergot in powder (half a drachm three times a day).

The patient to which the greatest attention is directed is the procuring exact diagnosis of the state of the uterus. Obstinate menorrhagia, is often, Dr. Hewitt says, found to be due to some physical alteration of the uterus, overlooked and consequently not treated. Of the latter class of cases, retroflexion of the uterus is a most marked instance.

GREAT NORTHERN HOSPITAL.

For the last few years Dr. Murray has treated cases of menorrhagia—not dependent upon growths, displacements, or other causes requiring special or manipulative interference—by the combined use of gallic and sulphuric acids principally, with as much rest as can be obtained. The disease has generally shown itself in one of the three following forms:—1. Where at each period there has been a more decided loss than natural. 2. Where, from excessive debility, a bloody discharge has continued from month to month. 3. Where, after child bearing, a large uterus with a patulous os is continually pouring out blood, and every now and then doing so in gushes accompanied by clots. In all these degrees of this troublesome and weakening complaint, Dr. Murray is in the habit of prescribing from five to ten grains of gallic acid with from fifteen to twenty-five minims of dilute sulphuric acid, twice or thrice daily, for a period sometimes extending over two months. Occasionally he has found the use of mustard applied over the sacrum every other night, or even a blister on the same spot, useful as a help in the third form of this hemorrhage. He has also advised the application of cold water to the lower parts of the spine in cases of continued discharge (not leucorrhœal) between the “periods.”

As a rule, the patients, after taking the acid mixture for a few days or a week, notice a decided change for the better. The discharge may then reappear almost as much as before, but it is only for a day or two; and the result after a moderate course of these acids has been for the most part beneficial, and in many cases quite satisfactory.

Dr. Murray has not found the use of iron at all satisfactory; but he has administered it with good effect in some cases after a continuance of the acid mixture, and all arrest of hemorrhage for some time. The use of vaginal injections has not been recom-

mended by Dr. Murray; but in many cases cold water enemata have been extremely useful at these moments when the gushes of blood with clots take place, a gentle non-irritating purgative being also given.

CHARING CROSS HOSPITAL.

Dr. Parson finds that there are scarcely any two cases of menorrhagia that can be treated alike; that there is virtually *no* line of treatment applicable to all cases; and that success generally depends upon the accuracy of the diagnosis of the *immediate* or remote causes. He does not consider menorrhagia to be a disease *per se*, but only a prominent symptom of one or more of the following states, which are exceedingly common:

Menorrhagia is one of the symptoms of metritis; of a granular condition of the mucous membrane of the cervix uteri; of polypi of the uterus; of mucous polypi of the cervix uteri; of fibroid tumors of the uterus; and of cancers of the uterus, etc.;—local conditions, some of which are benefitted by local treatment, others not so.

Menorrhagia is frequently a symptom of some disease remote from the generative system; and these being *un*-attended by any local lesions in the uterus or its appendages, are not usually benefitted by any local treatment—such as the menorrhagia of general debility after suckling, or the menorrhagia resulting from congestion of the portal system, or in cases of congestion of the whole venous system in consequence of mitric or aortic obstruction; or of emphysema and chronic bronchitis inducing a similarly distended state of the veins, or as a consequence of kidney disease and albuminuria, and in some cases of scorbutic nature. In these the treatment is *general*, and *not local*.

Rest, as much as possible, is recommended in *all* cases of menorrhagia; and the avoidance of household duties, at least for a few days, during the severity of the symptoms.

The astringent mixture in general use among the out-patients consists of tannic acid (from five to ten grains), and the liquid extract of ergot of the British Pharmacopœia (from five to ten minims), every four or five hours for the first few days. If there be much pain attending the menorrhagia, Dr. Parson usually orders from five to ten minims of the tincture of Indian hemp to each dose. Dr. Parson has never seen any ill result following the use of the Indian hemp, but he has generally employed it in the former combination, or with other astringents.

As a general rule, all the preparations of iron are avoided in menorrhagia, even though there be anemia and pallor, since iron invariably increases the vascularity of the pelvic organs; and he employs the preparations of iron only when two or three menstrual periods have been passed normally.

Aloes also is avoided, in most of its preparations, in *all* cases of menorrhagia, since it is apt to increase the irritability and vascularity of the pelvic viscera.

Menorrhagia associated with metritis, is treated by astringents for the first few days. The bowels are regulated by a saline aperient—the bitartrate of potash in drachm doses, with quinine in half to one grain doses, taken every morning. After the period has passed, the usual treatment of metritis is employed.

Menorrhagia associated with a granular state of the mucous membrane of the cervix uteri is treated by astringents and tonics generally. A local astringent, consisting of the solution of chloride of zinc (Burnett's), from twenty to thirty minims to every pint of water, is also used by the patient two or three times a day as a douche. Dr. Parson finds that a stronger astringent than this for local application is seldom, if ever, required in these cases.

The cases of menorrhagia associated with polypi are not treated with any benefit as out-patients, but are admitted as in-patients of the hospital.

Cases of menorrhagia resulting from the presence of fibroid tumors of the uterus are treated usually as in patients also.

Menorrhagia arising from cancer of the uterus usually resists all treatment. From twenty to thirty minims of solution of chloride of zinc to a pint of water often is more useful than any other douche in diminishing the fetor, and to some extent the amount of the discharges.

In the following cases of menorrhagia, where there are no local lesions of the generative organs, a brief summary of the treatment is as follows:

From debility, it is treated by astringents during the period; after the period has ceased, tonics are employed, excluding the iron and aloes until the tendency to excessive menstruation has ceased, then the preparation of iron with nux vomica or strychnine become valuable.

When depending on congestion of the portal system, it is relieved by a daily aperient of bitartrate of potash with quinine.

and with or without five or ten grains of jalap in each dose, taken every morning, and avoidance of alcoholic stimulants.

Associated with mitral or aortic obstruction, menorrhagia is most difficult to relieve, and is treated on general principles—of diminishing the congestion of the pelvic organs as much as possible, and giving tone to the distended capillaries and veins.

Menorrhagia with emphysema or chronic bronchitis is also exceeding difficult to relieve, and when relieved for a time, often returns.

Resulting from kidney-disease and albuminuria, it is treated by warm clothing; aperients daily of compound jalap powder with quinine, given in the mornings, and the sesquichloride of iron with nux vomica two or three times a day, generally with marked improvement.

When associated with spongy gums and a scorbutic state, it is treated by the citrate and chlorate of potash; the patient being directed to avoid all salted meat; to take the juice of half a lemon every day; occasionally tannic acid is given in addition.—*London Lancet.*

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Cases in Ophthalmology. By E. WILLIAMS, M. D.

CASE 1. *Removal of a Piece of Metal from the Eye two years after an operation for Cataract.* A. B., æt. 12, was brought to me March 25, 1865, for cataract of the left eye. The boy stated that about a year before the sight began to fail, he was struck in the eye by a snow-ball. This was followed by no pain and the sight was not injured. The cataract had been completely formed for six months before I saw him. On examination I found the lens of a bluish white color, *tinged with amber*, and completely opaque—pupil active, eye apparently sound in all other respects; sensation of light very good. I was inclined to consider the case one of traumatic cataract, caused probably

by the blow from the snow-ball. Still, the amber color of the lens in so young a person, struck me as extraordinary.

I resorted to the operation of solution, practiced with a delicate needle through the cornea. On puncturing the capsules I found it and the lens substance very *tough* so that it was with difficulty that I got a small crucial incision in the capsule. Absorption progressed so slowly afterwards that I made a second operation four weeks after the first, with two needles, following Bowman's method of tearing the capsule, which I found still more elastic than at first. Subsequently the solution progressed very slowly as before, so that on the 23d of June I punctured the cornea, near its outer margin, with a broad needle, went in with a small hook, and with some difficulty lacerated the capsule freely. Soon afterwards the center of the pupil began to appear black, and vision was soon restored, so that with a cataract lens of $2\frac{1}{2}$ inches focus he could read Snellens No. 3. I then sent him to his home in Indiana, with directions to keep the pupil dilated for five or six weeks and return, that I might see the definitive result. At the end of that period he was brought back, and I found the state of his eye very satisfactory and vision very good. There was a good opening in the center of the opaque capsule which still enclosed some lens substance towards its periphery.

I saw the patient no more till the eighth of June, of this year, more than two years after the first operation. He then complained of pain in the eye for two weeks, and that the sight in that time had grown very much dimmer.

In examining the eye I found discoloration of the iris, a smoky appearance of the pupil, and considerable injection of the anterior ciliary vessels. In a moment I discovered a foreign body of a metallic appearance, hanging by a very delicate filament against the lower edge of the pupil. It was suspended by this little shred from the capsule. When the head was erect or bent forward the little body (about a quarter of a line wide and half a line long), would pass through the pupil and rest against the anterior surface of the iris. When the head was inclined backward it slipped through the pupil and disappeared behind the iris. I then applied some extract of calabar bean, and made him lean forward till it took effect, hoping to be able to keep it in front of the iris by causing extreme contraction of the pupil. In twenty minutes pupil was contracted to size of small pin's head, but the moment he held the head back it again slipped through and dis-

appeared behind the curtain. I next resorted to a solution of atropine, which dilated the pupil pretty freely and brought the iris entirely away from contact with the foreign body. It then remained attached to the capsule completely within the area of the expanded pupil.

I told the boy the cause of the pain, and wrote to his father, urging an operation for the removal of the foreign body before it became detached from the capsule. I feared it would drop down either in front or behind the iris, disappear permanently from view, and give rise to destructive inflammation of the eye, and, perhaps, sympathetic trouble in the sound eye. The boy went home to see his father, promising to return in a day or two for an operation. He took with him a solution of atropine, which I ordered used four times a day to keep the pupil dilated and hold the iris away from contact with the foreign body. The pain ceasing at once and the vision beginning to clear up rapidly, they concluded my fears were unfounded, and I heard no more from the case for over a week. The father then came to the city to tell me that the day before the boy had been seized with violent pain in the eye, and such inflammation that he could not leave the room. Feeling sure that the offending substance had fallen down, as I apprehended, I advised him to go home and bring the boy to me as soon as possible, which he did the next day.

To my delight I found that it had dropped down in *front of the iris*, and was visible in the extreme lower periphery of the anterior chamber, surrounded by a little mass of yellowish lymph. Assisted by my partner, Dr A. D. Williams, I gave him chloroform, made an incision with a cataract knife through the anterior part of the sclerotic, close in front of the iris, just grazing the foreign body with the point of the knife. As the aqueous humor escaped the body engaged in the wound and I drew it out with a delicate forceps, enclosed in the little mass of lymph. No prolapsus occurred, the wound healed promptly, the pain and inflammation subsided rapidly, so that in less than a week the boy returned home with a clear, round central pupil and vision, as good as it had been previously. Since then he has had no further trouble. The piece was hard, of a blurred metallic lustre, and resembled very much a piece of percussion cap. The patient took it home with him, and I have not since been able to examine it otherwise than by a simple magnifying lens. I am sure it is a piece of metal—probably a portion of a gun cap.

How the foreign body penetrated the lens is a mystery. The boy has no recollection whatever of ever having been hurt in the eye, except by the snow ball long before, and that was very slight. From the dirty amber color of the cataract, its toughness and very slow absorption, I suspected a foreign body which had penetrated the lens, and produced this discoloration with some chemical change. It was impossible, however, to elicit anything in the history of the case that would explain it. That the piece of metal had been driven into the eye by the explosion of a cap or some other force, and lodged in the lens, causing the cataract, and finally, years after, becoming loose and escaping through the central rent of the capsule, held only by a slender filament, is perfectly certain. Grafe reports a case where he diagnosed the presence of a piece of metal in an opaque lens, notwithstanding it was not visible, and the patient had no recollection of ever having received anything in the eye. He based his diagnosis on the discoloration of the lens, and it was verified by extracting the lens and finding the foreign body in it.

Whenever there is positive or even strong presumptive evidence of a foreign body in the lens, it is, in my judgment, better, if one operates at all for the cataract, to extract. In that way the body may be brought away with the lens, and the risk of subsequent trouble greatly diminished. In the above very instructive case, the offending substance fell out of the capsule more than two years after the cataract was absorbed, and, but for its favorable position and timely removal, would have destroyed the eye, and necessitated perhaps extirpation. Had this small particle fallen down behind the iris, or even disappeared in the extreme periphery of the anterior chamber, disastrous consequences would most likely have followed. True, it might have become fixed and encapsuled, and ceased to excite inflammation, but such a result is hardly to be hoped for under such circumstances.

CASE 2.—*Basedow's Disease with Paralysis of the Right Superior Rectus Muscle.* Mrs. B., æt. 44, consulted me December 6, 1866, for a most annoying difficulty of the eyes. They were very much protruded, so that she could scarcely close the lids over them. Besides this, she kept the head constantly thrown backward, and the eyes turned far downward, exposing the sclerotic above to the line of the equator, and giving her a most frightful expression. The superior rectus of the right eye was paralyzed, with secondary contraction of the inferior, so that this position

of the head was necessary to avoid the confusion of double vision whenever she looked directly forward, or forward and downward. It was a choice between closing the right eye entirely or extreme retroflexion of the head. As there was marked concomitant contraction of the left inferior rectus, it was not easy for her to turn this eye even upward, and hence she chose generally to open both eyes and hold the head back. The hideous stare produced by the extreme exophthalmus and retroflexion of the head, was still further exaggerated by the loss of the *consensus* between the movements of the upper lids and the eyeball. Graefe was the first to point out the importance of this symptom in incipient Basedow's disease.

Physiologically the upper lid rises and descends *pari passu* with the cornea, in the movements of the eyes upward and downward, so that their relative position is constantly the same. Now in this peculiar affection, the loss of these consensual movements between the eyes and the upper lids is an early and important symptom. Von Graefe says that he has sometimes been enabled to diagnose commencing Basedow's disease by the presence of this symptom before its other features—the exophthalmus, goitre, and functional disturbance of the heart—were fairly pronounced. In turning the eyes down the upper lids do not descend to the same degree, and hence the eyes stare from unnatural exposure of the sclerotic above, even when there is little or no unnatural protrusion. When, however, this contraction of the levator palpebrae exists with marked protrusion of the eyes, as in this case, the unpleasant appearance is greatly intensified by the insufficient descent of the upper lids. Add to this the forced position of the eyes and head, caused by the paralysis of the right superior rectus, and you have a deformity which it is impossible to put on paper! In this patient the exophthalmus was first observed in March, 1866, and the diplopia in the following July. From this date to the present the paralysis has remained complete.

She had no goitre, but increased frequency and irregularity of the heart's action, with great nervousness and constant feeling of apprehension. There were no evidences of organic lesion of the heart.

I ordered tonics, cheerful society, moderate exercise, and closure of the eyes at night with plaster and bandage. She returned home to Indiana with instructions to put herself under the care of my friend Dr. Jas. F. Hibberd.

On the 24th of January, 1867, the doctor wrote me as follows:

"I called to see Mrs.—— to-day. Her pulse is 70, regular in rythm, and normal every way. Her appetite and digestion good, her sleep quiet and refreshing, and her general health much better than in the fall. The amenorrhea continues, but I have a hope that it will be remedied as her condition improves. She has lost all that nervousness and restlessness that was so troublesome a feature formerly. Perhaps I should not say *all* her nervousness, but certainly she is quite calm and composed under circumstances that would have distressed her badly some weeks ago. Her general treatment has been small doses of pot. chlor. three or four times daily, with liberal doses of *jollity* and encouragement whenever I saw her. Her exophthalmus is much the same as when you saw her, except that the eye-lids are not so puffy or her eyes not so watery. The paralysis of the superior rectus continues with all its disagreeable accompaniments. She faithfully carries out your instructions to close her eyes at night with adhesive strips and compresses, and also occasionally during the day, and derives much comfort therefrom. Out of doors she suffers much confusion of vision, and can only remedy it by closing the right eye."

Some months after the date of this letter, I saw her again and found the above condition unchanged. Should the exophthalmus increase in the future, or obstinate keratitis set in from unnatural exposure of the cornea, I have advised canthoplasty—an operation for uniting the lids at the outer commissure so as to cause them to cover the eyes better, and close easier. In extreme cases this is the only thing that can control the *traumatic* inflammation and at the same time diminish the ghastly stare, by covering the eyes more perfectly. In this case it would be particularly indicated.

CASES 3d and 4th.—*Deaf Mutes with Retinitis Pigmentosa.* On the 30th of July last I was consulted by a gentleman for a son, æt. 16 and a daughter æt. 18, both deaf and dumb, for imperfect vision, especially troublesome at night. The son could see moderately well in the day time, but stumbles, and cannot get about alone after twilight. This hemeralopia has existed since childhood, but grows worse with age. On examining his eyes the pupils were active, the globes small. He could read Snellen's No. 3 at 5, but no smaller print. With convex glasses No. 10 he could read No. 1½ at 6. For distance he saw better with convex 36 than without glasses. On dilating the pupils and par-

alyzing the accommodation with atropin, his total D was found to be 1.15 ($\frac{1}{5}$). The ophthalmoscopic examination revealed well-marked retinitis pigmentosa in both eyes. There were large numbers of patches of pigment, irregular in shape, most of them resembling *bird tracks*, distributed mainly along the course of the retinal vessels, evidently superficially situated in the retina, many of them in front of the vessels. They occupied a pretty regular zone, extending from a line half way between the macula lutea and the equator, as far forward as the eye could follow them. The papilla and surrounding zone of retina were entirely free from this pigment deposit. The arteries of the retina were rather small but the veins apparently of about the natural size. His field of vision was somewhat contracted concentrically, but not in a very marked degree. I ordered glasses to neutralize his hypermetropia and gave an unfavorable prognosis, telling the father that if the boy lives to middle age or longer, he will gradually become blind with progressive narrowing of the field of vision.

The daughter could only read $1\frac{1}{2}$ of Snellen at 8, but saw imperfectly for distance—being equal to $\frac{2}{3}$. Her eyes were emmetropic in form, and her accommodation normal. She had also slight concentric narrowing of the visual field, and some difficulty in seeing at night. The ophthalmoscope revealed incipient retinitis pigmentosa in a narrower zone, extending from the equator forward, the pigment being less abundant, lighter colored, deeper seated in the retina, and confined mostly to the borders of the larger vessels.

The parents of these children are *first cousins*, and the cases are very interesting as confirmatory of the doctrine of the evil effects of marriages of consanguinity, and of Leibrich's observation of the frequent occurrence of retinitis pigmentosa in the same class of persons. I ought to have stated that they have brothers and sisters who are in all respects healthy.

International Ophthalmological Congress.

THE meeting of this eminently scientific association takes place every four years in some one of the European capitals. It is composed of gentlemen of various countries and nationali-

ties, who are occupied exclusively or specially with ophthalmic medicine and surgery. I had the pleasure of attending the second meeting of the Congress at Paris, in 1862. The third session was to have been held at Vienna, in September of 1866, but was postponed till 1867, on account of the war between Prussia and Austria. I went over in the Spring of 1866, with the expectation of taking part in the meeting at Vienna before returning home in the fall. The war was gotten up, however, and wound up, after I left home and before I got back; so that I was disappointed in the chief object of my visit. It was finally decided to transfer the place of meeting for 1867 from Vienna to Paris, on account of the attractions of the Great Exhibition. It took place, accordingly, on the 12th, 13th and 14th of August. Over one hundred members were present from all parts of the world, bringing together the tribute of their study and observation in the form of communications, that were the subjects of earnest and learned discussion. It was not possible for me to make another long voyage this year, and, I therefore extract a few items of their proceedings from the *Annals d'Oculistique*, for July and August. The honorary President, M. Sichel, officiated at the opening of the session. On motion of M. Warlomont M. A. V. Graefe was declared President by acclamation. Messrs. Arlt and Vleminchx were declared Vice Presidents in the same way by motion of M. Testelin—Giraud Teuton and Wecker maintaining their former positions as Secretary and Treasurer. M. Arlt proposed that the next session shall take place in Berlin, and the suggestion was adopted. The usual interval of four years will bring it in the summer of 1871. What wars and consequent necessities for *new maps* will take place in that time will depend upon the ambitious aspirations of a few autocrats urged on or restrained by upheavals of popular sentiment! Could their *royal and imperial highnesses* have a set-to in the attractive spectacle of mutual traction on auricular appendages, for the amusement of outsiders, without knocking the proposed sessions of the Congress into the dark future, I should be the last one to throw cold water on them! But I am reminded that my theme is *eyes* and not *ears*.

The proceedings of the late session, as heretofore, will soon be published and distributed among the members.

Obituaries.

BUT a couple of years since scientific ophthalmology lost one of its brightest ornaments in the death of the lamented Heinrich Muller. He died in the prime of life, but not until he had made himself professionally immortal by his patient studies and discoveries in the minute anatomy of the eye, especially in the retina. More recently we hear of the decease of Sir William Lawrence, at the advanced age of 84. Eminent both as a surgeon and an oculist, his long and laborious life reached back to a period when the science and art of ophthalmology were in their infancy, compared with the gigantic developments and discoveries made towards the close of his career. The student of Abernethy at the commencement of the 19th century, he lived to see the brilliant discoveries and achievements of Helmholtz, Graefe, Donders, Arlt, Bowman, and a galaxy of others whose names are famous in that department of the healing art in which he was especially interested. Now, by the last mail we receive the sad news of the sudden death of Theodore Ruete, of Leipzig. Formerly professor in the University at Goettingen, he is the author of a very learned and excellent treatise on the eye, as well as of other important contributions on the same subject. He was a man of near 50 years of age, and personally one of the finest appearing gentlemen I ever saw. Socially and professionally he was extremely affable and liberal minded, and a great admirer of our government and country. I met him in Paris in 1862, and shall never forget his cordial manner, noble face, and hearty scientific co-operation with the promoters of our specialty. God bless the memory of Prof. C. G. Th. Ruete, and inspire the young men of the profession with his earnest energy and magnanimity of soul. E. W.

Commercial Hospital.

Service of Dr. W. W. Dawson. Reported by Dr. C. P. Jenkins, Assistant Resident Physician.

Gangrene of Penis—Death in 30 Hours.

J. D., (colored), admitted July 30, aged 45; servant. States that about four weeks—five days after suspicious connection—first noticed a sore just back of corona glandis, on edge of prepuce. This was treated, and in time healed up; but about two weeks since a lymphatic gland began to enlarge in right groin, and has kept on increasing until present time, when it has arrived at the point of suppuration. Previous health good with exception of slight cough that has annoyed him for two or three months. Appetite good; sleeps well; bowels regular

Symptoms on admission: Is a well muscled, full blooded negro; skin warm and moist; pulse 90, of good force; tongue moist, slightly furred. Find on anterior edge of prepuce, on dorsum of penis a cicatrice, the remains of original ulcer. In right groin there is a bubo, fluctuating; lymphatic glands of opposite side not enlarged; no discharge from urethra, although patient complains of some depression; no abnormal sounds could be detected in auscultation of chest. Bubo was opened, discharging very freely of purulent matter. Cavity afterwards filled with lint and flax-seed poultice applied. Following given: R Potassai bi. carb. $\bar{3}$ ss., tinct. hyosciami $\bar{3}$ i., mucilage $\bar{3}$ v., m., s. $\bar{3}$ ss. three times a day.

Aug. 1. Bubo still discharging very freely; passes his water with less pain; general condition about the same; treatment continued.

Aug. 6. Still a free discharge from bubo; treatment continued.

Aug. 8. As general condition is not so good, was allowed a more generous diet, and ordered to discontinue the alkaline mixture, and take grs. ij. of ferri iodidi before each meal. Bubo still discharging.

Aug. 10. Patient complained of cicatrice on pressure hurt-

ing him. It appears on examination to have become inflamed and cracked open; was ordered to apply a weak solution of aromatic wine to sore; at evening visit to-day found patient's prepuce greatly enlarged, oedematous, and producing partial constriction of glands. Patient states that it occurred about two hours before, cause unknown, the organ being in a state of rest and patient in bed; commenced at point of ulceration and run rapidly throughout whole of prepuce beneath the cuticle. There is also a good deal of febrile disturbance; pulse 100, of less force. Slight jaundiced condition of eyes; no pain complained of; passed his water freely; bowels moved to-day, stool of good appearance; now ordered to apply water dressing to penis, and following R liq. amon acetatis and aqua camphora, *a a* ʒij. m. s. ʒss. three times a day.

Aug. 12. The paraphymosis was relieved to-day, by dividing the constricted portion on the dorsum of penis; the oedema is increasing; extended half way up the penis; gangrene has appeared at end of prepuce; water dressing stopped and yeast applied, and beef essence administered freely. The icteroid condition of eyes more marked.

Aug. 13. Gangrenous condition continues to increase in spite of free stimulation with beef essence and whisky. Was ordered tinct. ferri, chl. gtt. xv. every two hours. Poultice continued. Patient's general condition very bad. Subsultus tendenum well marked; pulse 100, of little force; skin hot and dry; no pain complained of by patient; no morbid condition can be detected in thoracic or abdominal cavities. Stimulation was continued freely, but without effect; patient dying at 10½ o'clock, P. M.

Post mortem examination made fourteen hours after death. No emaciation; rigidity not marked; two-thirds of penis sloughing and gangrenous; remains of bubo in right groin; cellular tissue infiltrated over lower portion of abdomen; muscular tissue pale, moderately firm; lungs fill cavity of thorax, crepitant throughout; firm, partial adhesions of pleura in left side; at side and over diaphragm; heart normal size; walls pale and soft; vegetations on margin of tricuspid valves size of a pea; other rather normal; soft, yellowish fibrinous clot in right pulmonary artery, extending to smaller branches; blood stains on walls of larger vessels; spleen twice normal size, substance of a semi-fluid consistence; capsule considerably thickened. Pyloric end

of stomach of a slate color, the other portions of a pale red; mucous surface of duodenum somewhat injected and softened; cellular tissue surrounding it engorged; mucous membrane of lower portion of small intestines reddened; glands thereof enlarged; liver firm, substance of a bright yellow color, abnormal adhesions of posterior surface to diaphragm; gall bladder distended with bile; kidney normal in size, but somewhat engorged; alveolar tissue throughout body of a yellowish color.

P. S. From the account of the above post-mortem it will be seen that there were no pathological conditions found, save the condition of the penis, sufficient to cause death.

W. W. DAWSON.

Prolapsus Ani—Operation—Cure.

G. P., admitted August 5, 1867; aged 57; American; tailor. Stated that for three years has been troubled with hemorrhoids, but never at any time in an aggravated form; that about five days since had a slight attack of diarrhoea, superinduced by hard drinking, at which time he stated his bowels began to come down with each operation; finally was unable to get it back at all; found great difficulty in moving lower extremities—at times unable to stand. Appetite tolerable; bowels irregular; sleep poor.

Symptoms on Admission.—Is a tolerably stout, muscular man, though somewhat anaemic; skin warm and moist; tongue moist but coated; pulse 90, of some force. Find, on examination, the mucous membrane of rectum protruding, forming a mass the size of a small orange between the water, the membrane congested, painful, and several prints of ulceration on its surface. There is no loss of sensation in lower extremities, although patient seems unable to move them freely. The bowel was returned by steady pressure made with fingers, and the following suppository used:

R_y—Ferri. Per. Sulph. grs. xii.

Pulvis. Opii. gr. i.

Ulmus Fulva qs.

M—Ft. Suppository.

Aug. 6. Condition same. Obligated to give opium to control increased frequency of stools; suppositories continued.

Aug. 14. Bowel still prolapsed, although the opium and per

sulphate were given freely, and a T bandage and compress applied to perineum, it was finally decided to operate, which was done by removing elliptical pieces of mucous membrane from the protruding portion, transversely around the bowel. Four pieces of the membrane were taken away, and the edges brought together with a suture. Opium given freely. Bowel retained inside the sphincter, where it was returned after the operation, by a T bandage and a conical piece of wood, the small end of which was placed in the anus.

Aug. 15. Bowel prolapsed two or three times, but was easily returned. Opiates continued.

Aug. 20. Much improved; able to retain bowel in position without any support. Had two passages to-day. Treatment continued.

Aug. 25. Bowel still remains in position, even after an operation.

Aug. 27. Discharged from care. Cured.

*Gun-Shot Wound in the Back—Bullet passed by Rectum.
Twenty four hours after.*

HENRY LEE, colored, aged about 18 years, was admitted on the 22d of December, 1866, with a gun-shot wound in the back.

Dr. Wm. F. Tibballs, who attended this boy previous to his admission, gives the following history of the case: "He was wounded about 6 o'clock, A. M., December 21st, 1866, while endeavoring to escape arrest. He says that he was running up the bank of the river, and that the watchman was close upon him when he fired. The ball took effect to the right and between the second and third lumbar vertebra, glancing over the transverse process it entered the alimentary canal, and was passed with his feces early on the morning of the 22d, about twenty-four hours after its reception."

This patient, when admitted, was suffering no pain or inconvenience, and remained in this condition during his stay in the hospital. The examination of the wound by Dr. Dawson, confirmed the account given by Dr. Tibballs. The ball, in passing the transverse process carried away its periosteum, leaving the bone bare, and entered, no doubt, the transverse portion of the duodenum, where this division of the bowel is uncovered by peritoneum.

Correspondence.

"LOOKOUT," October 10, 1867.

MESSRS. EDITORS:—Election over, our minds naturally revert to the consideration of matters "close at hand" I have several things in my "bureau" which, probably, may be improved by ventilation; at any rate, they can neither suffer or do harm by occupying a few leaves of your journal. I find in my portfolio a mem. to the following effect, which I will display unrevised:

"Sept. 14. Memorable for the laying of the corner stone of the new—to be—Commercial Hospital. The world at large has been made acquainted with the fact through the daily press. The same world knows that Dr. David Jndkins "said a piece," that Mayor Wilstach complimented the Dr. "a posteriori," and did the same for the Hon. Judge Storer, "a priori;" that several dignitaries, even to the President of the City Council, were entombed in the corner stone—by name I mean—whilst the "staff"—the nub of the Institution—composed, at present, of Wright, Mendenhall, Comegys, Taylor, Mussey, Davis and others, were not honored with an *occasional* burial, but with their living predecessors, graciously permitted to hand their names down—to posterity—the best way they can!

Let us hope that the heterogeneous deposit—in coffin though it be—may be superincumbent by a temple worthy of the age in which we live, sparkling with the gems of pure philanthropy.

Speaking of hospital reminds me of medical colleges. They should always be associated. "As I was going to say," the medical institutions of our city are—to use a nautical phrase—fully under way, with a fair prospect of a successful campaign—with the money left out.

But why allude to money, when "men may be lecturers in medical colleges without any desire or expectation of pecuniary gain. Higher than any pecuniary profit are the growth, the culture, and honor, that a man may have who industriously and faithfully

teaches his fellow men. Higher than this again is the usefulness of such an avocation; the teacher—above all, the teacher of the noblest of earthly arts, he who fits men to cure or prevent disease, instructs them in the means of removing human suffering, of lightening and lengthening human existence, is doing a work the value of which can not be estimated in dollars and cents, and for which he finds his highest compensation in the consciousness of doing good."

The above is an extract from an editorial in the October number of "*The Western Journal of Medicine*." It has the ring of an old fashioned itinerant Methodist preacher, and owes its appearance to the following perturbator found in the *Dental Register*, August, 1867.

CHEAP SCIENCE.

"We recently noticed the advertisements of two medical colleges. Each school has eight or ten professors and teachers. They each propose a course of five months, giving as many lectures each day as the students can listen to with profit. For this they propose to charge Forty Dollars.

"Our first thought was, that this is *fraudulently* cheap. But we must not judge. These are all experienced teachers. They ought, by this time, to know what their services are worth. They once charged higher than this; and if they found, by experience and observation, that the fees were too high for the services, it was their duty to lower them. But, as 'time is money,' can students afford to spend five precious months in listening to instructions worth but eight dollars a month, though imparted by half a score of men? Either these men have undervalued their teachings, or students who attend on them undervalue their time.

"But these teachers may suggest that we attend to our own business; which is just what we are doing. Educators cannot belittle their calling, without doing injustice to other educators.

"'But dwellers in glass houses must not throw stones.' We have recently heard of a Dental College proposing to give a student a course, and let him pay for it after he earns the money by practice. Whether or not he is to 'board around' with the professors, during the session, on the same terms, we have not learned, but presume he is, as they are generous fellows, and do not profess to do things by halves."

Time will not permit, at present, further consideration of the

money part of our profession. One thing is certain, *good* teachers and *good* medical practitioners, should be *well paid* for their services.

Dr. Gobrecht, of the Medical College of Ohio, pronounced the salutatory to the class of that Institution, and Dr. Richardson of the Miami Medical College performed a like labor of love in the edifice of the Miami establishment.

Both had made careful preparation and acquitted themselves with credit.

It is somewhat remarkable that whilst Dr. Richardson's production was paraded in the Daily Commercial, I have not discovered the least sign, in any of our dailies, of the effort of Dr. Gobrecht!

I suppose the commission may be attributed to *tact*, the omission to *modesty*.

OBSERVER.

Editor's Table.

Medical Education.

WE have before us the circular issued by the committee of the recent Convention of Medical Teachers, in the City of Cincinnati. It contains the plan adopted by the Convention, together with such explanatory and hortatory comments as seemed to the committee necessary for a clear apprehension of the resolutions, as well as to stimulate to a harmonious adoption of their requirements. This circular has been on our table—as, indeed, we presume it has found its way to the various journals, colleges, and teachers, of the country. We have delayed comment upon it because, chiefly, we are not in any way—ever so indirectly or slightly—willing to appear antagonistic to true reform in the vital matters of medical education. Inasmuch, however, as there is a disposition to carefully consider the propositions of the Convention; and as the circular of the committee urges specific action by the colleges—regarding the general plan as “simple and easy of execution,”—we have a word or two to say.

It is scarcely necessary to copy the whole circular, as we published in full the proceedings of the Convention immediately after its adjournment, in this journal, but we may find it easier to take up the points seriatim.

1st. There is proposed a positive standard of preliminary education, preparatory to entering a medical college. "That every student applying for matriculation in a medical college shall be required to show, either by satisfactory certificate, or by direct examination by a committee of the Faculty, that he possesses a knowledge of the common English branches of education, including the first series of mathematics, the elements of natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession." These certificates or evidence to be filed with the records of the college. We heartily endorse this requirement, and deem it beyond propriety of discussion, except it be in the mere question if it go far enough.

2nd. Requires *four* years of study, including *three* regular annual courses of medical college instruction.

3d. That the minimum duration of a regular annual lecture term, or course of medical college instruction, shall be six calendar months. To this we give in brief our unqualified approval; and and trust the time is at hand when this will be accepted as the regular lecture term.

4th. Is twofold: It declares the branches, which shall be embraced in the college curriculum, divided amongst at least nine professors. It also provides a graded system of studies, assigning the branches in proper order to the three annual courses of instruction, as provided in section *two*. The system of gradation being adapted to the four years and three courses requirement.

We think all teachers, and most practitioners, will readily agree that it would be much better to lengthen the time as provided in the second section. It is eminently fitting; but we do not believe the time has come in this country to urge this requirement. We do not believe the mass of students will accept it in good faith, and if not, then its adoption by the leading colleges of the country will simply foster the growth of inferior schools which do not demand any advance on the old time of three years and two courses of lectures. Our advice to students is to attend *three* courses of lectures before applying for the degree; and we have the gratification of knowing that students in many instances have

adopted the suggestion, and by and by, we believe it may be made a positive requirement; but we do not think as yet the profession in this country is educated up to this point.

Now, a word in regard to the graded plan of medical education: Theoretically it seems correct—perhaps the time may come when it will be desirable. We have had some experience, however, in teaching medicine, and especially have had an opportunity to analyze the character and plans of medical students. With the present state of the American profession we are sure it cannot be rigidly carried out to advantage or satisfaction; and we are by no means sure it is even desirable to do so. In the first place all the departments of medical study are so intimately related that we can scarcely go beyond chemistry and anatomy, without a constant blending of all the other branches. To teach one, we are continually referring to the other; so that to a large degree the study of each is mutually in aid of the other. Again, a large proportion—too large—read for a time, practice irregularly with a preceptor, and then attend a single course of lectures, with the direct purpose of fitting themselves for temporary practice. They, therefore, especially seek to cultivate the practical branches that are assigned to the *second* and *third* winters. To be sure, it is easy to say that this is one of the very things we most need to obviate. So we agree; and we hope and believe we are already doing so to a material extent; but if you prematurely hasten this end, you fall back to the same objection already given. You simply build up a class of schools which favor cheaper access to the professional ranks.

Embraced, however, in this plan, is a most important feature—the examination of students at the end of each term, and the granting of a certificate of attainment. This is a vital matter and may be thoroughly carried out with either the repetitional or graded plan of instruction. And no professors tickets should be issued until after this annual examination. The tickets then, and certificates become the evidences of a course of lectures.

The 5th section proposes some method of marking the actual attendance of the members of the class; and the certificate of *attendance* being the only acceptable evidence that a student has attended his lectures. In France, we believe, the student makes his "*inscription*," and stands his examinations, no account being taken beyond this of where he gets his *knowledge*. And we believe if the system of regular examinations shall be fully enforced,

the certificate therefor being the evidence of attendance, that unless the professor is terribly dull, he will have no complaint of empty benches, and the present custom of first-course students scattering a month before the end of the term, will be promptly corrected.

The fact is as we believe, that the Convention, in its desire to reform medical teaching in the United States, commenced at the wrong end of the string. The present disgraceful competition amongst the leading schools in this central part of the Union, *in fees*, essentially cripples their co-operation in healthy questions of reform. But take this bone of contention away and all the rest follows as a matter of course. When schools have a uniform rate of fees, then the great rivalry will turn as to which shall afford the greatest facilities, and give the most careful and thorough system of instruction?

And it is, perhaps, proper now to throw out the reminder that this Convention was originally called in the spring of 1866, in this city, to settle that very question of fees. Representatives were present from Louisville, Cincinnati, Columbus, Cleveland, Chicago and Ann Arbor. It was agreed on all hands that any scale of fees below \$105 failed to afford any proper remuneration for medical teaching, and that with the fees of most of the schools then represented, teachers must constantly pay for the privilege of teaching. It was, however, claimed by the representative from the University of Michigan, that as a State Institution, *they* could make no change. Other schools necessarily based their action on the position of Michigan. The gentleman from that school then made a proposition, that if the schools at large throughout the country, would enter upon certain progressive ground which he suggested, *especially* if they would make a six months' term, absolute and obligatory, he felt authorized to *promise* that the Regents of the University would advance the fees to students *outside* of their State to whatever standard we should adopt. The Convention, by resolution, promptly accepted that proposition, and we are satisfied that every gentleman present was fully prepared to abide by that resolution. But the regents dodged the question, and we stand as we were. In the mean time a committee of that Convention of 1866 reported to the American Medical Association at Baltimore, and after a skirmishing debate, that many of our readers may remember, a committee was appointed to call the Convention of 1867. And, as we

see in the circular before us, what we believe is the first important step to progress, was, as we think, very unfortunately ignored, and the pet plans of some of our highly esteemed friends were prominently urged upon the Convention.

Many of us in that Convention voted for these resolutions, fully believing them utterly impracticable for the present, and as a whole only a theoretical declaration of a desirable system of education, to be worked for, and to which we must strive to educate the great mass of the profession.

The Hyposulphite of Soda in Intermittent Diseases.

OUR readers will find a very interesting report of a group of cases treated by the hyposulphite of soda, in the practice of Dr. Hampton, of Milton, Ky. The suggestion is not altogether new, but we have not anywhere seen so careful and extended experiments with this remedy; and as will be seen by the article of Dr. H., the result may be said to be remarkable.

A Medico Legal Society.

WE notice that an association has been formed in the city of New York, composed of medical and legal gentlemen, for the discussion of topics pertaining to the study of medical jurisprudence. We can easily understand that such an association would be of great interest and profit, and we should be pleased to see such a society organized in Cincinnati, as well as in all of the leading cities of the country. Medico legal inquiries are exceedingly interesting, and yet we find a large proportion of both professions sadly deficient in a critical knowledge of the points usually involved. We are, therefore, satisfied, that a more familiar discussion of forensic medicine would be greatly promotive of accuracy and clearness on the witness-stand, and amongst legal pleadings.

New York Medical Gazette.

WE learn that a new medical Weekly is established in New York city, under the editorial direction of Dr. Leroy M. Gale. As yet we only know it by hearsay.

Mr. Spencer Wells' Visit to the United States.

THE distinguished ovariologist whose name we have just given, has recently made a flying visit to this country. He visited Philadelphia, New York, and Boston; and we are pleased to notice while in those cities Mr. Wells was the recipient of very marked attention and cordial hospitalities. This is very appropriate; for he is not only one of the greatest living operators in this department of surgery, but his uniform courtesy to American physicians has greatly endeared his name to us. While in New York Mr. Wells delivered a lecture on his favorite theme, in the Bellevue Hospital Medical College, to a large assembly of the profession of New York; and he was entertained at the Mott Memorial Library Rooms, a superb supper, toasts and speeches being the inevitable order of the occasion. In Philadelphia he was present at one of the clinics of the Jefferson Medical College, and introduced by Prof. Gross. On this occasion a patient with a tumor of the uterus was presented for clinical examination, and Mr. Wells made the following interesting *clinique*. We copy it in full, as given in the *Philadelphia Reporter*, because it is itself a very interesting examination of a rare case, and also because it embodies some important statistical information:

"Gentlemen:—In examining a patient, I am always in the habit of seeing what I can without asking any questions; and the first thing I notice in this patient is her color. I have never seen a case of ovarian disease in a black woman, which is not surprising, as there are very few colored persons in England. I have operated on a creole lady from New Orleans, and on a mulatto from Jamaica. Dr. Atlee tells us that, while ovarian disease appears to be rare among colored people, fibroid tumors of the uterus are exceedingly common.

"The first question to decide then is, whether the tumor in this woman is ovarian, or a fibroid tumor of the uterus. And I lose here one aid which I should have in a white woman. In our race, a florid complexion is very common in patients suffering from fibroid tumor of the uterus, while a certain amount of pallor—or a chloro-anæmic aspect—is the ordinary accompaniment of ovarian disease. When a woman with a large abdomen comes into my consulting room, it is not uncommon for me to form a diagnosis in my own mind, from the color of her face. I cannot pretend to judge in any such way here, but this patient has a tolera-

bly healthy look, she is not emaciated and there is no swelling of the legs. Carrying on the examination, we assist the eye by measurement, and I usually take various measurements of the abdomen; one, circular, at the level of the umbilicus, and one from the umbilicus to the symphysis pubis—thus observing whether the greatest increase of size is above or below the umbilicus—and then another, from the anterior superior spinous process of the ilium, on each side, to the umbilicus. If the distance from the right anterior superior spinous process of the ilium to the umbilicus, is greater than that from the left to the same point, it is probable that the right ovary is affected rather than the left, and vice versa, although there are frequent exceptions to this rule.

“The abdomen should next be examined with reference to the presence of fluctuation. In this case, my impression is, that there is fluid in the abdominal cavity, surrounding a solid or semi-solid tumor. If it were within a cyst, it would be less distinctly perceptible than it is. You see it distinctly on the very slightest impulse.

“The outline of the tumor should then be ascertained. A hard distinct outline is in this instance readily perceived, extending from six to eight inches above the umbilicus, almost to the pubis. The tumor can be pushed about, and seen to move underneath the abdominal wall, and the hand can be introduced below it on each side. It does not make any traction on the umbilicus as it is moved, which is a pretty sure sign that there is no close attachment to the abdominal walls.

“On feeling the surface of the tumor, it is found to be hard and solid, with outgrowths and projections over it, like marbles or walnuts, some of them a little movable, with deep sulci between them. This inodulated irregular surface of a hard solid tumor is exceedingly common in fibroid enlargement of the uterus, but very uncommon in ovarian tumor. It is very unusual to find an ovarian cyst so large as this one is, without distinct fluctuation in some part of it. None can be made out in this instance; nothing but a hard, moveable solid tumor, surrounded with fluid, free in the peritoneal cavity. I have scarcely a doubt that this case is one of fibroid tumor of the uterus, and not one of ovarian disease. Auscultation is of value in settling this question. I have only once or twice heard a vascular murmur in an ovarian tumor, but in fibroid tumor of the uterus a vascular mur-

mur is often perceptible ; sometimes tabular, as if from large vessels, sometimes vesicular, as if from a great number of small vessels.

"The stethoscope, in this case, placed in the iliac region, does not detect any murmur, but an arterial impulse or beat is obtained, synchronous with the pulse, projected, as it were, from the aorta through the solid substances of the tumor. From the almost inaudible character of the murmur, one would say that the tumor is not very vascular, but rather an outgrowth, than an enlargement of the whole of the body of the uterus itself.

"All the information possible should be obtained from the abdominal wall, but an internal examination very much clears up any doubt as to the diagnosis in these cases. In this patient the vaginal examination quite bears out the diagnosis made through the abdomen, inasmuch as the uterus is drawn up out of reach. This often happens in enlargements of the uterus, while it is very rare in ovarian tumor, that the cervix uteri cannot be felt, unless the ovarian tumor is detected low down in the pelvis. If the pelvis be empty, and the uterus out of reach of an ordinary examination, as in this case, that fact is almost of itself sufficient to remove any doubt as to the diagnosis. The sound introduced into the cavity of the uterus, to see if it be elongated, is often of service in determining the nature of the enlargement. Frequently, however, although the womb is elongated, the cavity is so twisted and bent, that the sound cannot be introduced up to the fundus, and mistakes are often made in this way. If the sound can be passed up eight, ten or twelve inches, of course, it clears up the case completely ; but as a rule, I do not place much reliance upon the opposite condition, when the sound will not penetrate far, because the uterus may be large, and its cavity small or disturbed."

The patient having been taken away, Mr. Wells added :

"I have removed these large fibroid tumors of the uterus with but very ill success. In one instance, one which weighed twenty-six pounds, the patient lived four days, both ovaries were removed with it, and from this and other cases which I have published, I have been led to the opinion that unless there is some very serious danger to life from hemorrhage, or pressure on some vital organ, these large fibroid tumors of the uterus, are better left alone until there is some urgent necessity for interference."

Mr. Wells then showed several instruments which he used in

ovariotomy, and made remarks on different modes of dealing with the pedicle, he then said :

“As to the results which I have had in ovariotomy. I have operated in two hundred and twenty eight (228) cases. In the first one hundred patients, sixty-six (66) recovered ; thirty-four (34) died ; in the second hundred, seventy-two (72) recovered and twenty-eight (28) died ; and in the twenty-eight cases of the third hundred, four died and twenty-four recovered. Out of the two hundred and twenty-eight cases one hundred and sixty-two (162) recovered, and sixty-six (66) died, giving a mortality of 29 per cent. This is a mortality better than in many serious surgical operations, which no one can think of calling unjustifiable ; better than in amputation at the hip joint or of the thigh ; than in the operation for strangulated hernia ; than in ligature of the iliac artery, etc. All these surgical operations which are performed without hesitation, give results less favorable than have been obtained in ovariotomy, even when both favorable and unfavorable cases have been included. For this operation is often performed when there can be but little chance of recovery, in the last days of life, at the solicitation of the patient, that she may not die without some effort having been made to save her. The results would be much more favorable if one could decline to operate on any but favorable cases. In a certain number of cases one begins the operation, but is unable to complete it. This occurred to me eighteen times. In seven cases I removed both ovaries, having found after removing one ovary that the other was diseased ; four of these patients recovered and three died. Twice I have removed an enlarged ovary after the removal of the other, some time before. In one case another surgeon extirpated the left ovary some nine months before I did the right, which began to enlarge soon after the operation. The patient died. In another case I operated upon a patient who remained perfectly well for a year, when the other ovary began to enlarge, and I removed it eighteen months after the first operation. This patient recovered, and remains well, as I said just now. In eight or nine per cent of my operations I have begun the operation, and not been able to complete it, or have found that I had made the error in diagnosis. I do not think this is a much larger proportion of failures or mistakes than may be expected in other serious surgical operations. Mistakes will occur sometimes in spite of the greatest possible care. The surgeon performs lithotomy, and

possibly finds there is no stone; or he may puncture some collection of fluid and find it is an aneurism. These errors are gradually being eliminated as one advances in the knowledge of disease. In ovariectomy we have not the literature or traditions of centuries to guide us as in the better known operations, but Dr. Atlee following Dr. McDowell and other American surgeons, and we in England, have had to find our way along new untrodden paths. But with all these difficulties and disadvantages, I believe that in a few years, if we faithfully make known our errors, and show others the way by which we learn to avoid them, the operation of ovariectomy will be performed hereafter, by many of you, gentlemen, with far greater success than it has been by us."

Medical Society of West Virginia.

THIS Society, but recently organized, holds two sessions yearly. It held its first semi-annual meeting at Wheeling, on Wednesday, October 2nd, 1867, at 10 o'clock, A. M. We understand that nearly all of the respectable medical men in the state have identified themselves with the Society. It is probable that every county will be represented. This argues well for the profession of this young state. We have the pleasure of knowing several medical men in the State possessing great ability and large experience. We hope, therefore, that the coming session may prove profitable to the members and the profession at large. It certainly must tend to increasing the tone of the members and elevating the profession in public estimation.

We shall be glad to publish the proceedings of the Society.

Sir Dominic Corrigan and the University of Giessen.

SIR Dominic Corrigan will have to bring forth the documents on which he founded his slanderous attacks on the medical schools of this country and Germany. Dr. F. Wilbrand, Dean of the University of Giessen, addresses a note to the *British Medical Journal*. He says:

"In conformity with the laws of the Medical Faculty existing since 1846, no medical degree can be conferred on foreigners *in absentia*, with the only exception of such degrees as are granted *honoris causa*. These are given gratis.

"Whoever applies here for a diploma of M. D. must submit to a

personal examination before our Medical Faculty; and in that examination the same scientific demands are made as of candidates of this country; and it must be previously shown, by authentic documents, that he has received a complete classical education; and that he has, during at least three years, pursued his studies of medicine at an university or a college of acknowledged high rank. *Consequently, in absentia, and without previous examination, no diploma can be granted.* Nor has the Medical Faculty any agents, either in England or elsewhere.

"If there be any diplomas existing under our name *in absentia*, since 1846, we declare them to be forgeries. And, if any person maintains to be an agent commissioned by the said Faculty, and receive money for pretended services, and delivers diplomas, we declare him to be an impostor, making a fraudulent use of our name."—*Med. and Sur. Reporter.*

Miraculous Cures.

WE give the following newspaper story of the Zouave Jacob for what it is worth:

"Paris has a new sensation of a most extraordinary character. One Jacob, a soldier in a Zouave regiment, is working miracles of healing, merely by the power of his eye. Numerous witnesses testify to the efficacy of this marvelous ocular influence, among whom the Count de Chateau-Veillard, who is quite enthusiastic in his testimony about it. The Count, who was paralyzed, narrates in a published letter, how he was conveyed from his carriage up a long, dark, dirty court, by his valet and an artisan, into the presence of the wonder-working Jacob, whom he found surrounded by lame, blind, halt, and maimed, all waiting to be healed. When taken into the apartment, he lay in a perfectly helpless state, but Jacob, looking at him, told him to rise and walk, and to his astonishment and delight, he found himself able to do so, and returned to his carriage with elastic step. The neighborhood of Jacob's residence presents quite a scene, the street being crowded with people, who from pavement, and windows and house tops, loudly cheer the cured as they leave the Zouave's domicile. It is declared that Jacob has completely cured Marshal Forey of paralysis of the left side. According to the French law, Jacob not having taken his degree as a physician

or surgeon, is not allowed to receive even the smallest remuneration for whatever cure he may effect."

Death of Prof. Robt. Watts.

AT the moment of going to press we are informed of the death of our cherished friend, Dr. Robt. Watts, Professor of Anatomy in the College of Physicians and Surgeons, in this city. This event, which we announce with no ordinary feelings of sorrow, occurred at Paris, France, on the 8th ultimo. An obituary notice of the deceased will appear in our next issue.—*The Medical Reporter.*

Support Medical Journals.

NO man can fulfil the mission of a doctor unless he takes a good medical journal, and it is useless to cry poverty. The best investment a practitioner can make—one that insures him bread, meat and clothes—is not six, but fifty dollars' worth of good medical journals. If a man practices without this sort of communion with his brethren throughout the world, he deserves to be poor. Surely the community in which he lives has a right to keep him so.—*Southern Journal Medical Science.*

Letter Extraordinary.

WE are in receipt of the following communication, which we publish *verbatim, et literatim, et punctuatim*, as a literary curiosity. We certainly thank Jacob for the information furnished, and take this occasion to say that we shall be under obligations to those who are like minded, if they let us "NO."

"Xenia, September 8, 1867.

"C. A. Logan & T. Sinks

"Sirs when I want your Monthly Mirror I shall let you NO so please dont send it.

"From Jacob Mayer."—*Leavenworth Medical Herald.*

Transactions of the American Medical Association.

THE volume for 1867 is already issued. We hope our readers will subscribe for it and assist in relieving the embarrassments of the publishing committee. The annual subscription is

\$5 00. We will take pleasure in forwarding the subscription of any of our friends who may so desire.

Personal.

BY a French journal "*L'Evenement Medical*" we notice that our townsman, Dr. R. R. McIlvaine is announced as a member of the International Medical Congress, and presented a paper.

Rush Medical College.

THE last number of the *Chicago Medical Journal* comes to us with full notices of the glorification of our friends of the Rush College over the completion of their medical edifice. We can readily pardon a degree of proper pride in our neighbors in the success they have achieved as a school of medicine, though we think they indulge in a little vein of extravagance not exactly consistent with old fashioned gold headed and wig powdered dignity. For instance, we read that "yesterday was a proud day in the annals of medicine"!! "The largest gathering of medical men that has ever been seen in the Western States." And of the edifice, "the continent cannot show its equal." Again, Dr. A. who do you hit when you say "the College now seats in its ample halls a larger class than ever before convened in any strictly *legitimate* medical college west of the Atlantic cities." We remember some large classes in Nashville and Louisville, that were legitimate; and, of course, Ann Arbor is *legitimate*, for certes Dr. A. and the big Gann of Rush were recently strong pillars of that temple? We pause!

The Commercial Hospital.

It is proposed that hereafter no person shall become a member of the staff of physicians and surgeons, to this hospital, except by *concoirs*

The Chemical News.

The Chemical News seems to be a decided and happy success as an American re-publication. We congratulate the publishers, Messrs W. A. Townsend & Adams, of New York. The number for October is promptly at hand, containing a vast amount of matter in this department of science.

Reviews and Notices of Books,

CHEMISTRY: BY WILLIAM THOMAS BRANDE, D. C. L., F. R. S. L., and E., of Her Majesty's Mint, etc., etc., etc., and ALFRED SWAYNE TAYLOR, M. D., F. R. S., Professor of Chemistry and Jurisprudence in Guy's Hospital. *Experimentis et Præceptis*. Second edition, thoroughly revised. Philadelphia: Henry C Lea. 1867.

THE voluminous work before us is well and favorably known to chemical students, who will be glad to see this new edition under so handsome an appearance of its mechanical execution. To note that the printing was done by Collins of Philadelphia is to guarantee an attractive letter-press, satisfactory to the most dainty.

Since the first edition of this chemistry made its appearance, one of the authors, Prof. Brande, finished up his earthly work and deceased in February, 1866; and although his name is still retained on the title page, all subsequent revision has been made by Prof. Taylor, and the supervision of this second American edition is by him, a special American preface appearing over his signature. This preface also embraces very fittingly, a notice of his late colleague, and a generous tribute to his worth.

Any full or critical notice of such a work, in this place, would seem to be uncalled for. To the careful student, who desires a full and complete text book in this department of study, we commend the volume before us. For sale by Robt. Clarke & Co. Price \$5 00.

A TREATISE ON EMOTIONAL DISORDERS OF THE SYMPATHETIC SYSTEM OF NERVES. BY WILLIAM MURRAY, M. D., M. R. C. P. London, etc., etc., etc. New York: A Simpson & Co. 1837.

THIS is a small volume, but it embraces a great many practical suggestions. Says the author: "A conviction that much of the mental suffering around us is due to disordered conditions of those parts of the body which are closely related to the ganglionic system of nerves, has emboldened me to write a treatise con-

taining many familiar observations on a subject which has been fully discussed and fully acknowledged by both the public and the medical profession." This suggests the prevalent idea of the author, but perhaps the key note is well expressed in the following paragraph :

"What I have sought to establish is—the relations which exist between the emotions and viscera, through the sympathetic system of nerves."

Epilepsy, chorea, and some of the forms of insanity, are considered under the emotional effects upon the cerebro and spinal system. In chapter third we have an interesting review of the influence of the emotions upon the various important organs. For example, the susceptibility of the *heart* to emotional excitements; and in like manner, *the arterial system, the secretions, the generative organs*, all come in for an interesting review.

Section Sec. 2nd of this little volume is occupied with the therapeutic consideration of the range of diseases growing out of this sympathetic relation, which our author labors to establish. Thus he gives considerable attention to emotional arrangements of the digestive organs. If we give one of his cases in full, we shall better do our author justice, than any garbled expression of sentiment. He is speaking of cases of "low spirits," and "imaginary evils," associated with a loaded state of the colon :

"E. M., a lady whom I knew well, has for some time suffered from the above symptoms, more or less, and is in constant dread of a cancer in the throat. She is unable to throw aside her fears, and looks into her throat many times a day, to be reassured that 'there is really no cancer.' In spite of this, however, and in spite of all persuasion from her medical attendant and husband, she persists that her throat is diseased. Caustic has been applied, and many other remedies, to no purpose. The sensation of cancer still remains. On seeing this case for the first time, I examined the throat carefully, and found it to be quite healthy; but on examining into the state of the digestive organs, I found them loaded, the tongue foul, and the bowels constipated. By adjusting the diet, exhibiting aloetic purgatives, with *nux vomica*, and an acid stomachic mixture, I completely relieved her in about ten days. *All her fears disappeared*, her mind became easy, and her throat disease was forgotten. As a proof that this was the result of treatment, I may say, that some months afterwards, she re

turned to me in the same state as before, and was easily relieved by medicines of the same kind."

In like manner, we have discussions upon the treatment of diseases of an emotional character, associated with diseased conditions of the organs of generation, "Change of life," and other conditions of the system, which have their influence upon the emotions, according to the views of our author. Take it altogether, we commend Dr. Murray's little book, as containing a great deal of practical wisdom in small space. The publishers have used their accustomed good taste in the fine paper and clear letter press. For sale by Robt. Clarke & Co. Price \$1 50.

ON RAILWAY AND OTHER INJURIES OF THE NERVOUS SYSTEM. By JOHN ERIC ERICHSEN, Fellow of the Royal College of Surgeons, etc., etc. "Je raconte ne juge pas," Montaigne. Philadelphia: Henry C. Lea, 1867.

THE volume before us consists of Six Lectures delivered to the students attending University College Hospital in the Spring of 1866. The object of the author is to describe certain forms of injury of the nervous system that commonly result from accidents on railways. This is a field of inquiry to which we are very sure the professional mind has not been directed with anything like careful and mature system; certainly, by no means in comparison to the frequency of the accidents which now so seriously begin to compel our attention.

We have, after some important preliminary matter—the effects of severe blows upon the spine, concussion of the spine from general shock, twists and wrenches of the spine, symptoms and pathology of concussion of the spine, diagnosis, prognosis and treatment.

The whole matter—the peculiar and interesting views of Mr. Erichsen, are abundantly illustrated with cases, interspersed throughout the context—and which, to all surgical readers, must add materially to the value and interest of the work. For sale by Geo. S. Blanchard & Co. Price \$1 00.

THE MEDICAL USE OF ELECTRICITY, with special reference to general electrization as a tonic in neuralgia, rheumatism, dyspepsia, chorea, paralysis, and other affections associated with

general debility. With illustrated cases. By GEO. M. BEARD, M. D., and A. D. ROCKWELL, M. D. New York: William Wood & Co. 1867.

SUCH is the somewhat formidable title of a very small monograph. Of late the attention of the profession is becoming more peculiarly directed to the value of electricity as an important therapeutic agent in certain special forms of disease. This little volume is valuable and of interest chiefly because it narrates personal experience in the use of this agent in the treatment of the group of affections embraced in the title of the essay. We find some general remarks on the uses and mode of application of electricity, together with some review of the history of the medical use of the agent. After this, the remainder of the little volume is occupied in the narration of cases, which illustrate the curative action of electricity, in the treatment of disease. For sale by Geo. S. Blanchard & Co. Price \$1 00.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. XVIII. Philadelphia: Printed for the Association.

SO far as we know this volume of Transactions has made its appearance the most promptly that has heretofore been issued. We are also glad to notice that the disposition to cut down the bulk of the published Transactions, as compared with some of the previous years, is rigidly carried out; though, as we think, there are still some contributions which more properly belong to the pages of a medical periodical than here, and presented to the profession through a journal, would doubtless secure for their ambitious authors a greater extent of readers.

A very considerable portion of this volume is occupied with the several reports of the various sections; and we think this is all very well. These reports, and such contributions as meet the particular favor of the Association, being those which should receive favor from the Committee on Publication.

We cannot enter into any notice of the merits of the various essays and reports which swell the volume. We only take this occasion to say that it is of very considerable value, and we earnestly urge our readers who have not yet paid for this volume to do so, and keep up their connection with the Association and sus-

tain the publication. In the reports of names and some minor particulars, we observe some vexatious inaccuracies, but for the most part the volume is executed with the mechanical beauty pertaining to the high excellence of Mr. Collins, the printer.

Abstracts and Selections.

PRACTICAL MEDICINE.

The Treatment of Pulmonary Consumption.

DR HENRY BENNET commenced by stating that the subject of phthisis is so vast in itself, in its pathological affinities and connexions, that it would require not one, but twenty meetings, to discuss it in all its bearings. He should, therefore, confine himself to the consideration of treatment, merely making a few preliminary remarks on the pathology of pulmonary tubercle. Whatever the opinions entertained respecting the origin and nature of tubercle, it was now generally acknowledged that its deposit in the lungs and elsewhere, was the result of defective nutrition, itself the result of a lowered state of vitality, hereditary or acquired. It is a sign of vital decay; the forerunner of death, if unchecked; a mere mode of dying. Looking at the subject in a philosophical point of view, tuberculisation was not a scourge or pestilence, but one of the means by which Providence purifies the human race, weeding it of effete, worn out organisations, unfit to perpetuate it in conditions of health and vigor. Were not such laws in operation, the human race would, in a few generations, become one of dwarfs, pigmies of misshapen, diseased abortions. The attention of thinkers has been much directed to the struggle for life which pertains in wild nature. Effete, worn out organisations are not allowed to exist. They either die from want of power to procure the means of existence, or are exterminated by their natural enemies. But man has intellect; can provide for his own old age, and for the sickly existence of his sickly progeny. He has passions, desires shared by

the weak as well as the strong, and thus society is full of effete organisations, which propagate the race as well as their stronger brethren. But here the laws of Providence comes in to correct our errors. The strong in life, youth and vitality give the same principle to their progeny: but the weak, the sickly, the old cannot give what they have not got. Their children are born with the seeds of disease and death in them, and die of tubercular meningitis, serofula, and consumption. Thus is the integrity, the sancticity of the human race preserved. If these views are correct, if the deposit of pulmonary tubercle is the result of lowered vitality, the treatment of the disease must be essentially sthenic. In the hereditary form, we have to endeavor to renovate, to prolong, a life naturally drawing to its close. In the acquired, accidental form, we must, also, try to vitalise the economy, to restore the healthy play of disordered functions, and thus to arrest the fatal progress of the disease. To accomplish these ends, the application of the laws of healthy life, of hygiene, affords us infinitely more scope than mere medical agents. These laws must be rigorously applied. The patient must be removed from all unfavorable influences; must live in the country, if possible, in the pure air night and day—a condition which can only be accomplished by allowing a current of air to pass through the room in which he or she lives. The functions of the skin must be steadily favored by cold or tepid sponging daily and frictions in all conditions of disease. The food should be as nourishing and abundant as the stomach will bear. Life must be passed out of doors as much as possible, and that without fatigue. The disease being one of debility, there is but little strength left; and much exercise, often any exercise, is prejudicial, disordering the digestive function, and impairing nutrition. To enable this hygienic treatment to be carried out, and to avoid the moist cold weather of our winters, so unfavorable to the inflammatory affections which accompany the deposit and softening of tubercular matter, if the means of the patients admit of it, they should be sent to a dry, cool, bracing, sunny climate, such as that of the sheltered north shore of the Mediterranean in the Gulf of Genoa, and not to warm, moist relaxing climates like those to which consumptive patients were formerly sent under different doctrinal ideas. Although no medicinal substance can renovate, renew, exhausted vitality—although there is no panacea for such a disease—yet much may be done medicinally to restore healthy functional action,

and to improve constitutional conditions. Thus, iron, phosphorus, acids, alkalies, bitters, etc., all find their application, but only as adjuvants to hygiene and climate. They are merely like manure given to plants. A shrub dying in a city square from foul air, smoke, defective drainage, is doctored in vain with guano, bone-dust, etc., while it remains in the site unfavorable to its vitality. Transferred to the country, in pure air and good soil, these same agents may much contribute to its recovery. The inflammatory accidents which accompany phthisis—bronchitis, pleurisy, pneumonia—are mere phenomena, and only require secondary attention, although important in themselves, and destined perhaps to be the eventual cause of death. But, if the diathesis continue, they continue whatever is done. If the diathesis can be modified, changed, organic vitality renovated, they stop and get well of themselves. Under the combined influence of sthenic treatment, aided by climate, hygiene, and medicine, the author has seen many cases of arrest and cure, since he himself has been a consumptive observer, and now looks upon the disease in its early stages as much more manageable than he formerly thought it and found it when actively engaged in large city practice—*The British Medical Journal*.

A New Treatment of Lead Poisoning.

[Translated from the Gazette des Hopitaux.]

IN a recent clinical lecture, Prof. Monneret, of the Paris Medical School, gave the following exposition of his peculiar treatment (cold intus and extra) of lead poisoning:

Of all poisonings, that by lead and its salts is the most frequent. It is not my intention to-day to describe the different phenomena of this intoxication; I shall only say that they are very varied, and come on sometimes slowly, sometimes rapidly. In the first place, the workmen experience vague abdominal pains. Then there are troubles of the sensibility and motility, commencing in feebleness and ending in paralysis. After a certain time the abdominal colics become very violent, and are accompanied by obstinate constipation. This increase in the intensity of the colics is often due to excesses in drinking, which are usually denied by the patients.

Like other physicians, I had always treated these accidents by the free use of evacuants, when, some eight or nine months ago, the idea of a rational treatment suggested itself to me, based upon the supposition that the principal symptoms are due to an affection of the sensitive and motor nerves. This treatment was by the application of cold, *intus et extra*. Cold, as is well known, either directly or through the capillaries, has a great influence upon the nervous system, and thus upon the secretions. For this reason I was led to inquire whether the sensibility and secretions of the intestines could not be modified by the action of cold as well as by that of the evacuants which I, in common with others, had always employed. The experiment being a harmless one, I was perfectly justified in making it, and, in addition to this, I was confirmed in my ideas by the success of an analogous preventive treatment by hydrotherapy as followed, under my directions, in one of the Clichy workshops. I myself, in my own service, have used this treatment in more than forty cases of workmen showing the early symptoms of lead poisoning, and have found it sovereign.

As soon as I see the patient I order him some iced drink, lemonade for example, occasionally adding a little wine. At the same time I order three cold water injections daily, the water to be retained in the rectum as long as possible. In addition to the cold drinks and injections, the patient is subjected to hydrotherapy morning and evening, and, in some cases, a shower bath is given at noon. This may be from a hose-pipe, or the ordinary shower-bath, and should never last more than a minute. The action of this douche is not simply refrigerant, but is much more profound and general, stimulating the capillary vessels, which contract, at first, driving back the blood, and then expand, allowing a free return. Sometimes the action of the glands is increased, and a light perspiration covers the body. These effects of hydrotherapy, upon which I hope to dwell longer at another time, are very manifest and very active, and one can understand that the activity of the tissues is renewed. To these different means I add a cold poultice, in order to maintain a constant refrigeration. And, in this connection, let me teach you what I was ignorant of for a long time—that is, the way to make a cold poultice.

Take a large linen or cotton cloth, and on it spread a layer of linseed meal half an inch thick. Upon this place pieces of ice about the size of a hen's egg; then add another similar layer of

meal, and then fold the cloth over so as to inclose the whole. Apply this to the abdomen, and the gradual melting of the ice keeps up the influence of the refrigeration for some three hours. This powerful agent I employ, not only in lead colics, but in all cases in which such action is indicated (such as typhoid fever and peritonitis, for example) and greatly prefer it to the application of ice in bladders, which is sometimes intolerably painful to the patient. By the treatment just described the most speedy results are obtained, and I have seen the disease entirely cured in from two to seven days. In the forty cases observed by me, with two exceptions, all the symptoms of nervous trouble have disappeared as if by enchantment. The progress toward cure is this: during the first three days the constipation persists, and the injections are returned as they were given; the pain, however, disappears. On the fifth or sixth day the fecal matter, more or less softened, is rendered naturally, and the cure is complete.

For a long time this treatment appeared so simple that I regarded it as purely palliative; to day, however, I consider it a powerful curative agent, acting upon the capillary and vasomotor systems, and putting in play the natural secretions and excretions, thus aiding the organism to free itself from the poison which has manifested itself by a profound disturbance of the nervous system. It is by restoring to this its activity and molecular action that cold is curative to such an extent.—[*Boston Medical and Surgical Journal*.]

Treatment of Quinsy Sore Throat.

The London *Lancet* publishes an interesting report of the treatment of tonsillitis adopted by physicians at the several metropolitan hospitals, from which we make a few extracts:

Dr. Anstie (Westminster Hospital) believes that in the suppurative variety two remedies only are of real value. If the case be seen early—*i. e.*, within forty-eight hours of the occurrence of decided pain, before the swelling has become definite in form, and more especially if there has been no shivering, and the febrile action is but slight, the application of strong local astringents is almost certainly curative. The rough way of using this treatment is to order the patient to gurgle every half hour with a solution of alum. A more precise and effective use of the same astringent can be made by throwing such a solution, in the pulverized form, against the affected part. Another effective mode

of local astriction is the application of tincture of sesquichloride of iron on a sponge carried by a whalebone, which may be firmly pressed against the part. The other remedy, besides local astriction is the use, in suitable cases, of purgative medicine. If (and only in this case) there is reason to think the bowels are loaded, a brisk purge of any kind which does not produce exhausting serous exhalation will frequently give great and speedy relief.

If the disease has plainly gone on to the formation of pus, the above remedies are useless, and will only worry the patient. Our attention should then be directed, Dr. Anstie believes, to soothe the pain and to keep the swelling within bounds, while we also support the patient's strength. Hot fomentations and poultices should be applied around the throat, the patient should gently inhale the steam of boiling water, and he should be given strong beef-tea and small quantities of wine or brandy every four hours. In nine cases out of ten the pus may be left to find a natural opening, and only the occurrence of serious mechanical dyspnoea, or the appearance of a tendency to the spreading of the suppuration, should induce us to use the lancet.

Dr. Wilson Fox (University College Hospital) treats ordinary cases of tonsillitis which present themselves within the first forty-eight hours of the invasion of the disease with a brisk mercurial cathartic, followed by a saline aperient draught. In cases which have even run a course of three or four days, the same plan is found by him to be beneficial, if the bowels have not previously been acted upon. Even in the early stages, unless the use of gargles gives much pain, he employs the following formula for this purpose: Chlorate of potash, three drachms; nitrate of potash, half an ounce; glycerine, half an ounce; water, eight ounces. When seen early, this course is, in his experience, almost invariably sufficient to cut short the disease in a few days' time; and he scarcely recollects an instance where it has been adopted in which abscess has ensued. In cases of very severe swelling, he has occasionally found scarification useful, but he regards these as quite exceptional. If ulceration supervenes, either upon the tonsils or on the fauces, the solution of the nitrate of silver, of the strength of fifteen grains to the ounce, is, in his opinion, the best remedy; and it may be advantageously applied to the tonsils, when suppuration is not present, in cases where the swelling lasts longer than five or six days. Dr. Fox strongly deprecates

the use of the solid nitrate of silver in the early stages of the disease.

Dr. Clapton (St. Thomas' Hospital) recommends the usual depletory remedies, but objects to stimulating gargles in the early stages. When a patient has been the subject of repeated attacks of acute quinsy ending in suppuration, the plan of applying a liniment of thin extract of belladonna just below and behind the ramus of the jaw has been found a most excellent one, rapidly relieving the pain and intense irritation, and in some instances cutting short the progress of the disease almost at once.

In incipient sore throat, of whatever kind, Dr. Broadbent (St. Mary's Hospital) has for some time given small fragments of guaiacum resin—a piece to be kept in the mouth till dissolved, three or four times a day. The good effects have been very evident, more particularly in superficial inflammation of the mucous membrane; but tonsillitis has apparently been arrested, and in patients subject to quinsy, attacks have been averted.

Dr. Headland (Charing-Cross Hospital) relies greatly upon chlorate of potash as a gargle, and mild magnesian purges. None of the physicians think it necessary, except in extreme cases, to use the lancet.—[*Medical Record*.]

Atomized Inhalations in Diseases of the Air Passages and Lungs.

DEAR SIR:—I have read your valuable journal for several years with pleasure and profit, and as I always wish to do something for something, I send you the following, which you may give to your readers if you deem it worthy:

Some family characteristic early called my special attention to this class of diseases, belonging, as I did, to a consumptive family.

In 1850, I wrote some twenty or more pages upon this subject, or rather upon the "Inhalation of Vapors and Powders" in these diseases, then published in the *Boston Medical and Surgical Journal*. In those I gave the experience of the profession in inhalation, down to that period, with my own, in experiments with various remedies, among which the following notices may be found in the edition of the U. S. Dispensatory for 1850, by Wood & Bache, under the article "Argentum—Nitrate of silver in impalpable powder, mixed with with an equal weight of lycopodium,

and used by inhalation, has been found beneficial in ulcerated sore throat, laryngitis, bronchitis, and incipient phthisis, by Dr. W. M. Cornell, of Boston." In the edition of the same work, of 1865, page 1014, the same notice is continued, with this addition: "The salt used in this way, has since been successfully employed in the treatment of chronic laryngitis, by M. Trousseau, of Paris, and others." In the same manner I then used alum, and various other medicinal articles, with considerable success.

I now refer to these facts merely to remind your readers that I have long paid special attention to this mode of treatment in this class of diseases. Still, I wish it to be understood that I have never employed *inhalation* to the exclusion of general treatment, when it was indicated. However beneficial one kind of treatment may be in some cases, I do not believe in making it a *hobby*, or relying upon it solely in all cases. Recently, you are aware, an improvement has been made in inhaling *atomized* fluids, and the special object of this paper is to state the experience which I have had with this mode of inhalation. The remedies used with the atomized are the same that I used in powders and vapors; but the atomizer I acknowledge to be an improvement upon my former plan, which had been adopted by Trousseau and others. I did not invent the atomizer, but I readily adopted it as an improvement upon what I did invent or try. I have had under treatment the following cases to report:

1.—Myself. It is now thirty years since I left the pastoral charge on account of a chronic debility of the vocal chords, which caused permanent hoarseness, in consequence of which I was unable to preach. I had no cough—no pulmonary disease. The whole difficulty seemed to be located in the larynx. I am not aware that any medical treatment was of any service, and I soon relinquished all attempts to remove difficulty by medicine. The hoarseness would come on suddenly, as though by a cold, and leave as suddenly, of its own accord, and usually as soon without, as with medicine. My general health was tolerably good; and, as I had previously studied medicine two years, I completed my medical education, and commenced practice in Boston, where I practiced nearly twenty years. A part of this time my voice was clear and strong; but I could place no reliance upon it, as I would be able to speak in public one day, and so hoarse the next that I could scarcely be understood.

In 1852 I spent the winter in Philadelphia. While there I had

much less hoarseness than I usually had in Boston. In 1859 I removed from Boston to Philadelphia, chiefly on account of this difficulty, and I remained there several years. During that time I had very little hoarseness. I then returned to Boston. Last winter I had two severe attacks of my old complaint, from the last of which I did not recover till I went to Philadelphia, and in two weeks I was free from the disease and my voice good. I have been more or less hoarse several times the past summer in Boston, and at this present time, September, 1867, am laboring under a severe attack of my old malady. What there is in the Boston atmosphere to cause the difficulty, or in the air of Philadelphia to remove it, I do not know. I know only the facts.

I have thus gone into my personal history to prepare the way to state what I have found the most benefit from in the way of atomized medical inhalations. Perhaps I ought to add, during these thirty years I have not been sick or laid aside a day, nor gained nor lost two pounds of flesh, so well balanced have been the loss and the repair.

Your readers must not infer from this statement that Philadelphia is generally a more healthy city than Boston; for, while it is a better climate for lung and throat diseases, as it proved in my own case, it is not so favorable to disease operating upon the apparatus of digestion; and, while I was free from any trouble of the air passages, my wife lost her health and became very feeble by a nervous dyspepsia. But she has improved since our return to Boston.

I had found some benefit from the powder named above, in my own case. I had also employed alum in the same way; but in my case it was not as beneficial as the argenteum. When the *atomizer* was first invented I tried the alum and the argenteum in my own case, but derived only small benefit from their use—not half so much in my own case as I have seen in many others. I have received more benefit from muriate of ammonia, grains x to aqua $\mathfrak{z}\text{i}$, and inhaled three or four times daily, than from any or all other remedies. I had been vexed with a catarrh, hoarseness, and more cough than I ever had before. It had been growing no better for ten days, during which time I had inhaled atomized alum, argenteum, and various narcotic medicines. I tried a very weak solution of muriate of ammonia, only grains v to $\mathfrak{z}\text{i}$ of water. The effect was very perceptible. The voice immediately began to improve; the cough loosened, expectoration was facili-

tated, the head felt better, and the general symptoms were all mitigated. I then increased the dose in grains x to aqua $\bar{3}$ i, and found still more improvement, so that I have since tried no other remedy.

I had purposed to write out from my note book a number of cases, with the various results of treatment: but perhaps I have written enough for one number of your journal. I will send the others for a future one, if you think it best to publish this statement.—*Cor. Buffalo Med. and Sur. Journal.*

New Researches on the Cardiac Circulation of Animals.

DR. JUDEE has just published a pamphlet on this subject. He shows that in frogs, what is, by common consent, called first movement, is compounded of the auricular portion and the dilatation of the ventricle; that the second is formed by the contraction of the ventricle, and the dilatation, *per contra*, of the two auricles with which the heart of this batrachian is provided. In the second part of the book, relying not only on his own experiments on frogs, but on those made on horses by MM. Chauveau and Marey, M. Judee stated that what these physiologists have taken for the commencement of the first movement, or systole, was nothing but the end of the second, or diastole of the heart. In other words, that the systole of the auricle does not form part of the systole of the ventricle, but of its diastole; so that, in fact, in the horse, at least, the cardiac revolution, does not commence, as is generally supposed, by the systole of the heart, but by its diastole. When M. Judee compares this cardiac revolution to a measurement in three movements, he is led to admit: 1. That the first movement, or great silence, corresponds to the dilatation of the ventricle. 2. That the second and third movements are formed by the sounds of the heart separated one from the other by the short silence, during which the ventricle contracts itself.—*British Med. Jour.*

OBSTETRICS.

Rennet Whey as an Article of Infantile Alimentation.

ALL writers upon the diseases of infancy agree upon the fact that a very large proportion of them is caused, either directly or indirectly, by an improper and pernicious alimentation.

More particularly is this the case with infants up to the period of completing the first dentition.

In many parts of the West, especially the newer portions of it, the babe, from the first hour of its birth, is dosed by the advice of some sage female friend, first with salt and water, molasses, or even a little *whisky*, to cut the phlegm, and then with teas, cow's milk, cracker and water, and other articles, in order to prevent the imminent danger of immediate starvation. Strange indeed would it be if the delicate digestive apparatus, designed in the first periods of its action to appropriate only a simple fluid adapted by nature to the wants of the infantile system, were to come out of the ordeal of such a monstrous treatment with a capacity to perform its function at all. Fortunate is it for the infant if the mother, with a healthy breast of milk, comes to its rescue; but in many cases, owing to various causes, this is impossible, and the little fellow, in default of a wet nurse, is doomed to the bringing-up by hand process. The important question then arises as to what article shall atone for the short comings of the maternal breast. Although the milk of the goat and ass is admitted to approach more nearly than any other in properties to the human milk, yet as it is often impossible to obtain these, the cow is usually settled upon as the source of the requisite pabulum.

Now, although this fluid is usually diluted with one-half or two-thirds water, yet a very limited knowledge of chemistry in its application to physiology, would be sufficient to convince us of its wide difference in composition and properties from the milk of the human female.

The conditions of life under which the young of the two species are placed, require a radical difference in the quantities of the various ingredients; for while the offspring of the cow is enabled in a short period after birth to go upon his feet and to locomote actively, the helpless charge of the woman lies in an embecile condition for many weeks, and it is even months before the function of locomotion is exercised to any degree whatever.

In the case of the brute, it is evident that the diet must preponderate in histogenetic material to supply the destruction of tissue caused by the muscular exertion. There exists but little need for the colorific elements, as heat is abundantly generated in the above process. In conformity with this state of things, we find that there are 68 parts in a 1000 of the histogene-

netic principle casein, and but 28 of the sugar of milk, the principle respiratory or colorifacient element.

In the human infant, on the contrary, there being no muscular waste, the histogenetic pabulum is required to a much less degree; but as a consequence, the respiratory must be amply furnished to sustain the animal temperature. This being the case, while there exists but 32 parts of casein in 1000 of the human milk, there are 36 of the colorifacient represented by the sugar of milk.

The unfitness of the cow's milk for the conditions of growth and developement of the human infant, is well illustrated by this statement, for a dilution of the milk with water, while it truly lessens the percentage of the casein, likewise lessens the colorifacient principle to the same extent; and although an attempt is made to overcome the disproportion by sweetening it with sugar, yet no other sugar can perform the function as perfectly as that elaborated by the animal economy. That it may do so to a certain extent is evidenced by the fact that many children thrive well upon such a mixture; but when such cases are thrown into account with those with which it does not agree, it becomes apparent that such cases are exceptions. The physician who has had his patience tried and remedies exhausted by fruitless efforts to subjugate habitual attacks of colic, in a child fed upon such food, will attest the truth of this assertion.

The evil of a too feculent alimentation, it is well known, resides in the irritation of the digestive organs which it creates, whereby colic, from the elimination of the gaseous products of fermentation; diarrhoea, in all its various forms, together with all the diseases of the digestive tract which carry so many children to the grave, particularly in the summer months, before the completion of the first dentition, are engendered.

Especially is a diet consisting too largely of solid material liable to generate disease, during the evolution of the teeth, when the whole digestive system is in a state of highly exalted sensibility. If consequences of such magnitude follow an artificial milk diet, what is to be expected when the child from the first few weeks is fed upon bread, crackers, potatoes, chicken, and meat? Let the records of the sexton tell!

Dr. J. F. Meigs, in his admirable work on the diseases of children, recommends very highly a mixture composed of gelatin, milk, cream, arrow root, sugar and water. Experience for six years with this preparation, has convinced me of its value in

many cases. The proportion of milk is small, and the gelatin, cream, arrow-root and sugar, being purely combustible substances, subserve the heat making function, and often the child does better upon it than anything I have ever tried. For infants, however, within three months, who have unfortunately been deprived of their natural aliment, and especially in those whose stomach and bowels have become so irritable from the unnatural cramming of improper food that they can digest nothing, however simple, I have found the *rennet whey* to be a most satisfactory food, being easily assimilated, meeting the requirements of the system, and allowing the impaired or lost digestive tone to be restored to a normal condition. The method of preparation is to heat perfectly pure and sweet milk to a temperature of 120° , and to each pint drop in a piece of rennet about the size of a pea. When coagulation of the casien ensues, strain through a coarse cloth, sweeten well, and it is ready for use. By boiling it is rendered susceptible of being kept much longer.

This process reduces largely the percentage of the casien, while it does not interfere with the respiratory element of the food. It is sufficiently nutritive for the early weeks of infancy, and especially for those irritable conditions before mentioned. It must be remembered that the entire amount of casien in the milk is not coagulated by the rennet, for a certain portion of casien is contained in the oil globules which constitute the cream; quite enough probably for the purposes of hystogenesis. If, however, individual cases require a larger percentage of the nitrogenous element, small portions of pure milk may be afterwards added.

In a little case that I once had under personal supervision for two months, which was in a truly forlorn condition of deranged nutrition, and consequent emaciation, the rennet whey food was used, and purely for the sake of experiment, the casien, which had previously been removed by coagulation, was re dissolved in water by the intervention of an alkali, and added to the whey in gradually increasing portions, from time to time, so as to imitate as nearly as possible, the varying composition of the mother's milk. During the two months that he was under my direction, he was fed exclusively upon this food, and improved in health with a surprising rapidity.

At the end of the two months he was enabled to do well on equal parts of cow's milk and water, and was afterwards judiciously inducted into the pleasures of a full infantile diet table.

In a number of cases where no other preparation was tolerated, I have found this to act like a charm in calming the irritability of the digestive tract, vanquishing colics, checking diarrhoeas, and in restoring the emaciated infant to health.—*Leavenworth Medical Herald*.—*Dr. Logan*.

SURGICAL.*Recovery from Gun-Shot Wound of the Knee Joint.*

JOHN DEVENNY, aged eighteen years, residing in 24th street, below Naudain, was shot by a pistol ball in front of the left knee, on the 26th of October last. The pistol was fired from a distance of a few feet, and in a direction downwards. He walked immediately after the injury to his residence, a distance of about half a mile.

When I first saw him, at 2 o'clock, about two hours after the receipt of the wound, he was seated in a chair, the limb extended, and suffering intense pain in the articulation. He was placed in bed, the clothing removed, and the parts examined. The ball was found to have struck immediately below the center of the lower edge of the patella; there was no wound of exit, and by a slight introduction of the probe I satisfied myself that the ball had entered and had passed beneath the ligament of the patella. The patient was put to bed, the wounded limb was kept as motionless as possible; water dressings were applied over the knee, and morphia administered in large quantities. In the evening the joint was greatly swollen, the pain was increased, and the general symptoms were very severe.

The rule laid down by all authorities in such an injury, is never to seek to extract the ball unless it shows itself, so to speak, of its own accord. In this case the severity and rapid development of the local and constitutional symptoms were such that it must terminate fatally, or at best, in the loss of the limb above the joint, by amputation, if they did not speedily subside. It was determined, therefore, provided they continued, to endeavor the following day—before any *secondary* symptoms, local or general, could occur—to find the ball, and extract it. Besides, my own experience had shown me that the use of Nelaton's probe in finding leaden balls, and the use of chloroform in tranquilizing the patient, enabled many things to be accomplished, which had before been impossible, and I thought myself justified, under the circumstances, in hunting for the ball in this knee.

The next morning, the patient being worse, he was, without any more delay, placed under the influence of chloroform, and the search for the ball was proceeded with. The limb was placed in the position it occupied when struck, and Nelaton's probe was passed into the wound in the direction said to have been taken by the ball. It passed in a direction somewhat downwards and outwards, immediately below the middle of the lower edge of the patella, through the ligament, and at a distance of two and five-twelfth inches came in contact with the ball, firmly lodged in the articulating surface of the tibia. It could be felt by means of the probe to be there buried to the depth of more than half its diameter. After prolonged efforts at seizure—they lasted nearly an hour—with a pair of unyielding dressing forceps, it was extracted. The appearance of the ball showed that by repeated pinches on the top, a part had been *pinched up*, so to speak, and thus finally a sufficient hold afforded to the instrument to drag it out.

After the removal of the ball the limb was kept quiet by means of splints and sand bags; water dressings were applied to the knee, and morphia was given as called for by the pain. On the 13th of November, the splints being still kept in place, the patient was allowed to sit up in a chair; on the 25th he went down stairs; and on the 26th, by the assistance of crutches, he walked three squares. On the 12th of December the splint was removed.

After the operation nothing came out from the joint, unless it be some few drops of synovia which seemed to be present one day upon the lint used in the water dressing. The ball weighed a few grains less than one drachm.

The patient walks now (March 18th) quite well aided by a cane. The joint is somewhat larger than that on the right side, and does not move more than about twenty degrees. This stiffness naturally, will gradually diminish, but to what extent can only be conjectured.

This case has appeared to me to be worthy of being reported, for it would not have terminated so happily had rules formerly considered as established been followed; and they were not followed, because by the administration of chloroform and the use of Nelaton's probe, a leaden ball can be searched for deep in a large joint, without producing any additional disturbance of importance, if the search be made gently; and if found and extracted, the patient's chances are incalculably improved —*Dr. Atlee, in American Journal Medical Sciences, July, 1867.*

On Rupturing the Membranes in Imperfect Dilatation of the Os Uteri. BY DR. MASSMANN. (*Petersburg Med. Ztschr.* xi. 1, 1866; *Schmidt's Jahrbucher*, No. 3, 1867).

DR. MASSMANN ruptures the membranes in cases where the labor has lasted for twenty-four hours or longer, and where the os uteri, in spite of regular pains, has dilated but to a very small extent, and has maintained for some time the same size. This proceeding is indicated when the os uteri lies in the pelvis axis, when its lips are not swollen, when the head of the child has already passed into the deeper parts of the pelvis, when the pains are regular but not very strong, when no mechanical obstacle prevents the birth of the child, and particularly when no condition can be discovered accounting for the tardy dilatation of the os uteri except a deficient amount of liquor amnii and the consequent absence of an efficient bag. Dr. Massmann is convinced that this proceeding materially benefits the mother and does not injure the child. In cases of this kind, according to the author, soon after the membranes are ruptured, and a few drops of liquor amnii discharged, the pains become stronger, the os uteri dilates perceptibly, and in the course of one or a very few hours the labor is completed.

Dr. Massmann explains the result of this proceeding in the following way: The absence of a distended bag of membranes during a long and tedious labor may be accounted for either by a deficiency of liquor amnii, or by the communication between the upper and lower parts of the bag being interrupted, which occurs when the head at the commencement of the labor has passed into the lower part of the pelvis, and has been so closely encircled by the uterus that no liquor amnii can flow by. In this case the os uteri cannot be dilated by the wedge of distended membranes, nor can the smooth and flaccid membrane stimulate to any great extent the lower segment of the uterus, and induce vigorous contraction of the walls of this organ. This, however, is brought about after the membranes have been ruptured, for the head of the child then comes in direct contact with the lower segment of the uterus.

Dr. Massmann adduces Michaelis as the single authority in favor of such a proceeding. But Michaelis seeks for the cause of the retarded labor in an overfilling of the membranes, which may be due either to a large quantity of liquor or to a smallness of the

containing bag. It is stated that this over-filling hinders the outward passage of the bag, but the retarded labor may, however, be explained in instances of excessive amount of liquor amnii by the great distension of the uterine walls, and consequent impairment of their energy; and, in the second place, it is difficult to understand why, in over distension of the membranes without these being very large, the bag should not be forced as a wedge into the os uteri, and the uterine contractions should be deficient in vigor.

Dr. Massmann thinks that another cause may possibly exist in connection with that given above. In one case of retarded labor he found, besides a deficiency of liquor amnii in front of the child's head, an adhesion between the membranes and the inner surface of the uterus around the os. The membranes were ruptured, and the labor was completed after six hours. In this case it is questionable whether the adhesion or the deficiency of the liquor amnii had not the greater share in causing the retardation of the labor. Six cases are reported by Dr. Massmann in which the membranes were ruptured, and he is inclined to think that in all these there was some adhesion between the membranes and the inner surface of the uterus in the neighborhood of the os.—*Ranking's Abstract.*

OBITUARY.

[A report made to the Cincinnati Academy of Medicine, Oct. 14, 1867, by Dr. P. S. CONNER, Chairman of Committee.]

GEORGE GETZ SHUMARD, M.D.—Dr. Geo. G. Shumard was born at Burlington, N. J., in 1825, but while still a child removed to Cincinnati, where his boyhood and early manhood were spent. Having completed his academic course at Woodward College, he commenced the study of medicine, attended one course of lectures at the Medical College of Ohio, and graduated at the University of Louisville in 1847. He first located at Albion, Ill., and later at Fort Smith, Ark., where he had his home until the breaking out of the war. A scientific and practical geologist, he made a number of private explorations, and accompanied the Red River Exploring Expedition, commanded by Captain, now Brig. General, R. B. Marcy, U. S. A., and the "Artesian Well Expedition," commanded by Captain, now Maj. General, John Pope, U. S. A. Still later, Dr. Shumard was State Geologist of Texas. His various scientific reports, made from time to time, are well known, and the profession will remember his discovery of an American substitute for gum arabic.

Having early in 1861 been compelled to leave Fort Smith, he returned to this city, and was soon afterwards appointed Surgeon General of the State. Resigning this position he was appointed Brigadier Surgeon U. S. Vols on the 5th August, 1861. Serving for a time with General McClellan, he was later on duty in Kentucky, as Medical Director. Ordered to Utah in the autumn of 1864, the coming on of winter prevented his going further than Fort Leavenworth, and on the 11th March, 1865, his resignation, which had been tendered months before, was accepted. Again, for a time, he became a resident of this city, but returned to Fort Smith, where he spent the winter of 1866-7. In March he came back here, intending to establish himself in practice, but early in the summer his health began to fail, and he left the city to spend several weeks in and near Sandusky. Not materially benefited by the change, he was brought back, and died on the 29th September, of general paralysis.

Your Committee would report the following resolutions:

WHEREAS, It has pleased an All-wise Providence to remove from our midst our professional brother, Dr. Geo. G. Shumard,

Resolved, That in the death of Dr. Shumard, science has lost an intelligent and enthusiastic votary, our profession a faithful and cultivated member, our country a true and honest citizen.

Resolved, That the heartfelt sympathy of the Academy of Medicine is hereby extended to the sorrowing family of our late associate, and the Secretary of the Academy is instructed to convey to them this expression of our esteem and remembrance.

[Signed]

P. S. CONNER, M.D.,

J. P. WALKER, M.D.,

A. E. HEIGHWAY, M.D.,

} Committee.

On motion the report and accompanying resolutions were received and adopted, and, on motion of Dr. Smith, the Secretary was instructed to have the report published in the *Cincinnati Lancet and Observer* and the *Western Journal of Medicine*.

Died at Bloomingburgh, Ohio, August 30, 1867, of a distressing and severe puerperal mania, with typhus, Mrs. M. C. Morse, nee Cooper, wife of Dr. D. A. Morse. A tender, affectionate, devoted wife, a kind mother, a perfect model of true womanhood, a consistent Christian, she fell asleep in Jesus, leaving two pledges of a mother's love behind to mourn her loss. Possessed of a high grade of intellectual and moral powers, a mind well balanced and well developed, her loss can be appreciated only by those who have known her in life. May the God who has received her be with those who cherish her memory.

M.

Business Notices and Acknowledgements.

NEW BOOKS—

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION for 1867.

BENNETT—Practice of Medicine. Wm. Wood & Co., New York.

BEARD & ROCKWELL—Medical Use of Electricity. Wm. Wood & Co., New York.

BRAND & TAYLOR—Chemistry. H. C. Lea, Philadelphia.

SYDENHAM SOCIETY—Biennial Retrospect. Lindsay & Blackiston, Philadelphia.

LINDSAY & BLACKISTON send out their extensive book catalogue in the present number of the *Lancet and Observer*. Our readers will also note their special advertisement.

THE PHYSICIAN'S VISITING LIST is one of the institutions which seem almost indispensable to the busy practitioner. The Visiting List for 1868, from Lindsay & Blackiston, is at hand already, with various prices, according to the style and size.

A CONTRIBUTION to the history of the Hip Joint Operations performed during the late civil war. Such is the title of one of the papers contributed to the American Medical Association at its late sitting in Cincinnati, by Prof. Paul F. Eve, of Nashville. We thank the author for a copy which has been printed in separate pamphlet form. Prof. Eve has also printed the statistics of ninety cases of urinary calculus occurring in his practice. He reports a total of *eleven* deaths.

HARPER'S MONTHLY MAGAZINE, November, comes to hand as usual, freighted with good things. As this number closes the current year and volume, we call the especial attention of our readers who propose to commence its subscription. Price \$4 00 a year, or \$6 50 for L. and O. and Harper.

"DIAMOND DICKENS."—*Little Dorrit* is the eighth volume in this dainty little edition of Dickens'. We have already noticed its uniform beauty and tasteful appearance. Price, \$1 50 illustrated; \$1 25, plain edition.

THE
Cincinnati Lancet and Observer.

E. B. STEVENS, M. D., Managing Editor.

VOL. X.

DECEMBER, 1867.

No. 12.

Original Communications.

ART. I.—*Successful Double Ovariectomy.* BY W. H. MUSSEY, M. D., *Prof. Operative Surgery and Surgical Pathology, Miami Medical College; Surgeon Commercial Hospital, Etc.*

MISS K., aged 25, consulted me in July, 1866, with a large abdominal tumor which I diagnosed Ovarian. As circumstances were not favorable to an immediate operation, it was deferred till autumn.

October 7th, 1866. Proceeded to operate with a view to extirpation. After making an incision in the median line, between the umbilicus and pûbes, I found adhesions to the abdominal walls so firm as to prevent a separation of the sac. Expecting to succeed after evacuating the contents, I plunged Emmert's trocar into the cyst, and drew off twenty pints of very thick pus. Attempting to separate the sac, we found firm adhesions of its posterior wall to the contents of the abdominal cavity; and the opinion being that further effort would compromise the already enfeebled vitality of the patient, we desisted, putting a large tent into the wound, and removed the patient to her bed.

Stimulants and tonics had been freely given previous to the operation, and were ordered continued, in addition to a mixture of muriatic ticture of iron, quinine and chlorate of potash. Carbolic acid one drop, in water, was administered every three hours, and the sac washed out daily with chlorate of potash 3i to camphor water oj. The convalescence was satisfactory, and the

incision in the sac was nearly cicatrised in two weeks, but was kept open by the use of tents of the *laminaria digitata*. The patient returned to her home in Portsmouth, Ohio, to the care of Dr. Cotton, December 13th, 1866. The tumor increased in size, attended with violent attacks of pain, and the health of the patient became seriously affected. After a very violent paroxysm of suffering, Miss K. returned to the city, and was admitted as my private patient to St. Luke's Hospital, April 16th, 1867. She was suffering from distension of the abdomen, with violent pains at times, and occasional rigors; there was great irritability of the stomach, difficulty of micturition, and a scanty flow of urine. Medication acted only as palliative; the disease persisted and the distress increased, and extirpation was decided upon.

May 17th, 1867. Assisted by Drs. Thos. Wood, F. B. Mussey, Wm. Clendenin, George Mendenhall, C. P. Wilson, P. M. Bigney, and others, I proceeded to operate.

In attempting to produce anaesthesia with sulphuric ether, the excitement was so great that chloroform was added till the sedative effect was sufficient; when the effect was steadily maintained by the ether alone.

An incision six inches in length was made in the median line, from a point one inch above the symphysis pubis to the umbilicus, which, owing to the difficulties presented later in the operation, was subsequently extended around and above the umbilicus two inches. The adhesions were extensive on the posterior as well as the anterior wall of the tumor; so that it became necessary to evacuate three cysts—one a pus cyst, containing nearly one quart of pus; one contained two quarts of gelatiniform fluid; and a third, larger than either, was broken, the contents escaping, without an estimate of the quantity. These formed the principal volume of the tumor, though there were numberless small cysts, and a mass of consolidated tissue. The omentum was adherent to the anterior surface, and fully one half of it degenerated; this was cut away, after securing with ligatures the entire extent of the line of the healthy structure. To effect this, twenty loops of omentum were tied, and the ligatures cut close to the knot. Portions of intestine were also adherent to the mass. After separating the adhesions, some with ease, but most with considerable violence, the pedicle, found to be too broad for a common ligature, was transfixed with a needle carrying two strong hempen threads, and was

ligatured and divided. There was no hemorrhage from the pedicle.

An examination of the left ovary discovered a cyst upon it also. A single ligature included the pedicle, and the cyst was cut away; this measured two and a half inches by one and three quarters inch.

From the pelvis was removed a quantity of bloody serum; the intestines were carefully adjusted, and the wound closed with the interrupted suture, the ligatures of the pedicle being secured outside, through the lower angle of the wound. The patient was dressed in dry clothing and placed in bed before fully recovering consciousness.

For the following record I am indebted to Mr. Wm. F. Smith, resident student of St. Luke's Hospital, who carefully watched the progress of the case, and rendered efficient service in securing a faithful execution of orders:

May 17th, 2 P. M.—

R \bar{y} —Morphia, grs. iv.

Bismuth, sub. nit. \mathfrak{D} iv.

M.—Ft. Chart. No. viii.

One at once; in one hour another, and continued every two hours.

10 P. M. Patient has suffered great pains for eight (8) hours; stomach excessively irritable; frequent vomiting; prostration excessive; lips bloodless; anxious, distressed countenance; pulse 144 per minute, and scarcely perceptible at the wrist.

12 P. M. Irritability of stomach and pain continued. A bladder of pounded ice was applied to the epigastric region, which was followed by almost instant relief, and the patient slept.

18th, 7 A. M. Patient slept $3\frac{1}{2}$ hours during the latter part of the night; pulse 140 per minute, improved though weak; ordered a tablespoonful of beef essence every hour.

12 M. Irritability of stomach and vomiting continuing unabated, ordered

Morph. sulph. grs. iij.

Hydrarg. chlor. mit. grs. vi.

Quin. sulph. grs. xii.

M.—Ft. Chart. vi.

Give one every four hours, alternating with the previous prescription.

19th, 9 A. M. Pulse 120, firmer; had good sleep; passed

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urine freely three times since the operation; wound discharging freely.

3 P. M. Suspend former prescriptions.

R_x—Tinct. ferri. mur. gtt. xx.

No. 1. Potassi. chlorat. grs. vi.

Aqua, 3ss.

To be repeated every three hours.

R_x—Carbolic acid, 2 drops.

No. 2. Morphine, $\frac{1}{2}$ gr.

Given in mucilage every three hours, alternating with prescription 1.

20th, 8 $\frac{1}{2}$ A. M. Pulse 115; slept three hours last night; still great irritability of the stomach.

12 M. Pulse 100; patient sleeping; has had free passages of urine; wound discharges freely.

21st, 8 A. M. Pulse 112; has passed a comfortable night; vomiting much less frequent. Ordered one-half a seidlitz powder every hour till bowels are moved.

12 M. The second seidlitz powder was followed by an evacuation of the bowels, causing considerable pain and great prostration and dyspnoea for a short time.

6 P. M. Carbolic acid, 2 drops; morphine, 1-6 grain. Give every two hours, and quinine, 2 grains every four hours.

Stitches removed. There is a copious discharge from the wound. There has been *no peritonitis*. Since the 19th there has been daily injections into the abdominal cavity of carbolic acid, two drops, in camphor water, a little warmed, 3ii.

22d, A. M. Pulse 112; tongue moist; has slept well during the night.

6 P. M. Had a movement of the bowels at 11 A. M.; nausea and vomiting have ceased entirely; relishes the beef essence, which has been regularly administered since the day of the operation.

23d, A. M. Pulse 110; tongue moist; rested well last night; had a copious evacuation of the bowels, which seemed to give a general sensation of relief; asked for broiled ham, which was allowed, and was eaten with great satisfaction.

24th. Had a restless night; pulse 120; wound discharges well.

25th, P. M. Pulse 130; has nausea and vomiting; three evacuations of the bowels.

26th. "Pulse very quick and compressible;" passed a restless night; five movements of the bowels during the night.

Give solution bi-meconate morphine, 40 drops, every two hours, till thoroughly under its influence; then 20 drops, to maintain the influence, tinct. cinchon. comp ʒij., every four hours; continue carbolic acid.

4 P. M. At 2 P. M. had a period of prostration; became alarmed and excited in the expectation of dying; the misguided visitants and friends in the house crowded the room, intensified the excitement, and very nearly succeeded in terminating the case. Arriving at this juncture, Dr. M. cleared the room, and reassured the patient.

27th. Pulse 110; diarrhea nearly disappeared.

29th. Marked improvement; pulse 116; tongue clean; bowels regulated; ligature from left side (the small cyst) separated.

31st. Patient stronger; sleep disturbed; pain in epigastric region; wound discharges well. Ordered 40 drops solution bi-meconate morphine.

June 3d. Patient has had diarrhea; discharge from wound extremely foetid, with a small slough.

5th. Pulse 110; slept well; tongue clean; bowels loose; appetite good; relishes mutton chops, fat mutton, beef steaks, soft-boiled eggs, etc.; wound discharges freely.

20th. The patient has steadily improved; pulse 100; appetite good.

July 11. Has had constipation, for which pil. rhei. comp. were administered, which produced free evacuations.

August 5th. General condition improved. The ligature not being yet separated from the pedicle, on the suggestion of Dr. T. Wood a fillet of rubber was attached to it, and fastened by adhesive plasters, so as to secure continuous traction.

24th. It has been necessary to keep the orifice of the wound open by a tent of thin *laminaria digitata*, to secure the free discharge of pus. The traction upon the ligature is still maintained.

27th. The ligature separated last evening; bowels somewhat disturbed to day; otherwise the general condition is good.

October 25th. The tents have been used to keep wound open, on account of the slight discharge of pus from the track of the

ligatures, and carbolic acid ʒss. to ʒi. of water is injected daily, very materially reducing the amount of the discharge. The patient is convalescent.

ART. II.—*Croup*. BY N. B. WELLS, M. D., La-grange, Kentucky.

WITHOUT doubt, croup, in its true form, is one of the most alarming and fatal of all the maladies to which the human family is heir. Dr. West says: "The *prognosis* of croup must always be guarded, and is always unfavorable, since the disease is unquestionably one of the most dangerous to which childhood is liable." It would seem, too, from the results of experience in its treatment, as generally set forth in our systematic works, and as taught in our schools, that not much advancement, of late, has been made in controlling this disease. It is true, the treatment as now adopted is far more successful than it was a century ago; yet, according to one of our most learned authors, at least one-half of the cases of the true variety of the disease die, now-a-days, with all the skill that modern science and art can bring to bear. Dr. Tanner says: "In the greater number of cases, it is to be feared, this disease ends fatally." It is not my purpose to enter into a detailed account of the pathology of this disease, for this can easily be learned from any of our standard authors on this subject; nor is it necessary for me to rehearse the usual treatment of this disease, for all this can be gathered by reference to these authors. But I wish in this communication to call attention to a treatment I have resorted to with very gratifying results, within the last six years. Previous to this period, I had some half dozen cases to fall under my care; and in each one I used the ordinary treatment as laid down by Dr. West, Dr. Wood, and others, which consists, as a rule, in the abstraction of blood, the administration of tartarized antimony, warm bathing, warm fomentations to the throat, cauterizing the larynx, and the pharynx also, if affected, *mercury*, spare diet, etc. Under this treatment I lost two cases; the first, in twenty-four hours after I commenced treating it; the other was taken ill at two o'clock in the morning, and it died at seven o'clock that morning—that is,

five hours after I saw it. In view of these sad results, I concluded to resort to the treatment above hinted at—viz, the application of *cold water* to the throat of the patient, by means of napkins and small towels, wrung out of it slightly, so as to prevent the water dripping down over the patient's clothing, and repeating the application as often as the napkins got warm. I have made use of this treatment in some half dozen cases of croup, since 1862, with entire success. I call these cases croup, according to the common acceptance of that term; yet I include none but such as manifested evidences of either inflammatory action about the larynx, or a high degree of irritation of this organ. So that I may say my cases now referred to embrace the two commonly described classes of croup of this country—viz, catarrhal croup, and pseudo-membranous croup. No doubt the great majority of my cases were of the *catarrhal* variety; yet I know that one of them was a case of the pseudo-membranous variety, because pieces of the false membrane were expelled during the progress of the disease. There was also a very notable degree of fever in all the cases included in this report; and besides this, there were present other important symptoms—such as great hoarseness; the peculiar *croupy* cough, or *fox bark*; dry, husky voice, and an almost or complete loss of voice in some of them, and difficulty of breathing, thirst, etc. The case of pseudo-membranous croup above referred to was a little girl, three years of age. She had been suffering from catarrhal symptoms for four or five days; and finally, about ten o'clock at night, she was aroused with all the symptoms of croup. I was sent for at two o'clock in the morning, and saw her at the break of day. She had labored, stridulous breathing; the peculiar *croupy* cough; a dry and husky voice. She had considerable fever, with heavy perspiration breaking out in a fit of coughing. The tongue was red at the tip and edges, and up through the center, with a white fur on each lateral half, with red papillæ projecting through it. I immediately resorted to an emetic of tartarized antimony and ipecac. She was notably relieved by this measure for about thirty minutes; but at the end of that short space of time, all the symptoms returned with increased force. I then resorted to a warm bath, immersing the whole body; and on taking her out and wrapping her in a blanket, I administered another emetic, as above; but the relief was scarcely appreciable, and soon after this very evident prostration showed itself, by feebleness and fre-

quency of the pulse, pallor of the face and lips, great difficulty of breathing, with that peculiar *brazen* sound in the larynx, on inspiration, common to the worst stage of this disease. In this state of the case, I saw that something must be done, and done quickly, or I should have another example of death from croup! I first gave a little alcoholic stimulus to revive the sinking powers of life; and as soon as it had time to affect the system a little, and without any relief of laryngeal symptoms, I commenced the application of iced water to the throat and neck, by means of a small towel wet with it. I kept this up perseveringly for one hour, when I was rejoiced to witness a decided improvement of the respiration; next, a decided improvement in the cough, it becoming looser, and having far less of the peculiar sharp, croupy character. I then commenced the use of minute portions of calomel and quina every two hours, with the cold, wet cloths to the neck till the next day, when all threatening symptoms had disappeared. I continued the quinine with the addition of nourishing broths, for three days, till the tongue had cleaned off, for the fever passed off as soon as I commenced with the emetics. This case made a good recovery in a week. Soon after the child began to get better, it coughed up flakes of false membrane, quite tough on being spread out on a board and dried.

Perhaps some one, opposed to *new remedies*, may try to throw doubt upon my cases being any form of croup, except the *simplest* and *least dangerous*. Perhaps my cases were of this innocent sort; yet what are we to say of this case, in which false membrane was expelled? If this was not a case of pseudo-membranous croup, then I should like to know? I have tried the cold water treatment in other cases, to all appearance as desperate as the above case, with as sudden and as complete relief as in that case.

One other case I will record, which occurred only a week ago. A little girl of rather delicate frame, four years of age, in this town, was taken with the usual precursory symptoms of croup—viz, slight fever, cough, hoarseness, drowsiness, suffusion of the eyes, and running at the nose. The fever gradually increased in intensity, and the cough gradually assumed more and more the croupy character for three days, when the disease suddenly appeared in full development. I was called to see her; and on my arrival, she had the appearance of impending suffocation. She had a high fever; hot, dry skin; rapid and strong pulse; flushed

face, suffused eyes; "a peculiar, acute, dry, ringing brassy cough," and hurried breathing. She had distinct exacerbations of fever and cough and hurried breathing at night. The tongue was red at the tip, and up through the center the mucous membrane looked as though it had been shaven off with a sharp scalpel.

I began the treatment with an emetic of ipecac, and then went on with half a grain of calomel and two grains of ipecacuanha every two hours. I also directed the constant application of the volatile liniment to the throat, upon flannel. The calomel had its characteristic effect upon the liver and bowels in five or six hours. Yet she was no better.

I continued the powders till the next night, hoping finally to subdue the symptoms. But at this time the symptoms were no better, but rather worse. I then determined to try the cold water treatment. The father and mother were rather fearful of the treatment, as they had never witnessed it. I first explained to them the danger the child was in, and also the happy effects I had always witnessed from the use of the cold water in such cases. They then consented to its use in the case; and within thirty minutes from the commencement of this treatment, they were surprised and delighted to see all the suffocative symptoms pass away; the cough became notably looser; the breathing became more tranquil; the brazen inspirations gave place to the natural, soft breathing, and the fever rapidly passed off by the turn of the night. I still continued the calomel, at lengthened intervals, without the ipecac, till next noon, when all medicines were suspended. The cold applications to the throat were suspended the next evening, and the case rapidly improved and is now well.

In no case that I have witnessed has the application of cold water seemed to be unpleasant to the child; on the contrary, it has always seemed to make a very soothing impression on the little sufferer, causing the child to drop into a quiet sleep.

The question may be asked, why did I give calomel in these cases? In answer I reply that, in this disease, the blood is regarded as containing a superabundance of fibrine, which is deposited upon the mucous lining of the larynx and trachea; and as mercury is regarded as a defibrinizing agent, I prefer to give it in order, if possible, to prevent a renewed attack of the disease.

In view of my past experience in the treatment of croup, I

must confess I prefer the cold water treatment to any other now known to me. And I feel not a little astonished, when I come to reflect upon the subject, that this treatment has not been resorted to by more of our profession than it has. Is it because the members of the regular profession are opposed to new remedies, and new methods of applying remedies? Is it because they are prone to old-fogyism?

We know that there is more real learning in our profession than most any other, and a wider field of clinical study and investigation is cultivated by us than by any other class of men on earth. We are the *true eclectics* of this age; we go behind no set of men in our liberal outlays for the development of scientific truths, in chemistry, physiology, pathology, therapeutics, anatomy, and all the collateral sciences. We should call to our aid all the elements of nature in the alleviation of human sufferings and anguish. We have investigated and placed upon the page of scientific record the properties of water, air, earth, heat, cold, the animal and vegetable and mineral kingdoms, in the great and benevolent cause of healing the sick, soothing pain, and prolonging life. Should we, then, as the great conservators and guardians of the health of our race, shun the use of any agent in nature that has been found to possess valuable properties in the relief of any special malady, even though that property have been discovered by a non professional person, and is not mentioned in the books? If cold water and ice are so simple, why do we apply them to the scalp in high inflammation of the brain? Why depend upon cold water to allay the inflammation in a severe wound? Why use it with such powerful effect in some cases of colic? Why sponge the surface of the fever patient with cold water, when he is burning up as it were with heat externally, and why give it in the form of ice, when gastritis is consuming the stomach? Surely, if we reflect philosophically upon all these known uses and benefits of cold water and ice, we will not think so strangely of their benefits in croup, in all its forms.

ART. III.—*Diabetes—Clinical Histories and Comments.*

By ROBERTS BARTHOLOW, M. D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio; Lecturer on Clinical Medicine and Physician to the Hospital of the Good Samaritan; Pathologist to Commercial Hospital, etc.

The term *Diabetes* is in some respects faulty, but in the present state of our knowledge it would be difficult to suggest another which would more perfectly characterize the disease. An abundant discharge of saccharine urine is a significant symptom, which serves to connect and to harmonize a variety of lesions; but it is important to recognize the fact that diabetes is not an entity. Much of the discussion about its nature has arisen in the different points of view from which it is regarded. Some view it exclusively from the stand point of the experimental physiologist, who assumes that the final truth is demonstrated when a saccharine condition of the urine is produced by an irritation of the floor of the fourth ventricle. Others study it from the point of view of the physiological chemist, who, finding that the hepatic vein is rich in sugar, and that the portal vein contains little or none, refers the production of glycosuria to an aberration of the glycogenic function of the liver. These views are correct, but partial. Diabetes is a many-sided disease, or, rather, it is not a disease at all, but a sign of various morbid states. Thus, there may be a cerebral form, a hepatic form, and a dyscrasic form, in which the presence of sugar in the urine is but a symptom of lesion of the brain, or of derangement of the liver, or the evidence of a general disorder of the nutritive functions (dyscrasia.) Cases have happened under my observation which illustrate these several forms of diabetic disease.

CEREBRAL FORM.

CASE I. Paralysis of left facial; paresis of left auditory; saccharine urine.

Mr. ———, a teacher by profession, aged 45, suffered for several years from dyspeptic symptoms, for the relief of which he retired to a farm near Yellow Springs in this State. His general health much improved under the favorable hygienic conditions of country life; but in January of the present year he observed a great increase in the quantity of urine voided in the twenty four hours. He did not estimate the amount, but he was required to get up twice during each night. This symptom continued, the urine

increasing in amount during the spring and summer, when he indulged in fruits and vegetables. His general health, however, did not seem to be impaired by the free discharge of urine. He attributed it at first to the cold weather of January, and the continued increase to the free use of vegetable food. He was not aware that this symptom had any pathological significance. As he was smoking his pipe on the evening of the 1st of June, he suddenly experienced some numbness of the left half of the upper lip, and he found that he could not eject his expectoration as usual. On the following morning his wife observed that the left side of his face was paralyzed, the corner of his mouth being drawn down, and the eye wide open and staring. He found that he could not close his eye, and, when he ate, that the food collected on the left side of his mouth, rendering it necessary to use his fingers to dislodge it. He observed, also, that his hearing on the left side was very sensibly diminished, although not entirely lost. His wife informs me that there was no strabismus. Much alarmed about his condition, he called upon his physician in Yellow Springs, who exhibited his case to some of the physicians then in attendance upon the State Medical Society. His case appears to have been regarded as one of paralysis of the facial simply, and no inquiry was made as to the state of the urinary secretion. Various remedies, including galvanism, were tried, but no improvement took place.

He consulted me on the 10th of September. His condition was then as follows:

Paralysis of all the parts supplied by the left facial exists; the left corner of the mouth is drawn down; the left eyelids cannot be closed, and the lower lid is somewhat everted; the eye appears more prominent than its fellow, but this appearance is due to the widening of the palpebral opening; sensibility to temperature, to pain, to pressure and to electrical current the same on both sides, except on the left half of the upper lip, which has a sensation of numbness; hearing on left side is decidedly dull; no alteration of vision, but left pupil more dilated than right.

There are no referred or other altered sensations, and no impairment of muscular power, in other parts of the body. His wife says that his memory has become impaired, but that no other mental defect is apparent to her. I do not observe any aberrations of intellect.

The vegetative functions are well performed. His appetite is

keen, and he drinks freely of fluids. He is now passing six pints of urine daily, and is required to empty the bladder twice or more during the night. He attributes this free urinary discharge to the use of acid fruits. He has not observed any diminution of weight. He does not perspire freely, but the skin is not specially dry.

His urine, on examination, is found to have a specific gravity of 1032, and, on the application of Trommer's test, to contain a notable quantity of sugar.

Recognizing that this was a case of the cerebral form of glycosuria, I prescribed for the cerebral lesion. He was directed to take 10 grains of the iodide of potassium three times daily, and to have a succession of blisters along the occiput.

He called upon me a few days ago, having pursued the treatment steadily for several weeks. He expressed himself as much improved. The left corner of the mouth is less drawn down; he has more control of the orbicularis palpebrarum, and the amount of the urinary secretion is greatly lessened. He was directed to persevere in these measures.

The facts observed in this case—paralysis of the facial and partial paralysis of the auditory, and the saccharine urine—warrant the belief that disease exists in the floor of the fourth ventricle. As the sixth nerve arises from the same mass of gray matter as that which gives origin to the facial and auditory, to render the case complete there should be paralysis or paresis of the external rectus. I thought I detected some internal deviation of the ocular globe, but the fact is not sufficiently established to justify me in asserting it without qualification.

CASE II. Anaphrodisia of long standing; partial deafness; voracious appetite; increase of weight; symptoms of cerebral disease, etc.

Mr. ———, a lawyer by profession, aged 40 years, of light complexion and full habit.

Five years ago he began to experience a decline in his sexual power. At the same time he observed a considerable increase in the quantity of urine discharged. Previously to the development of these symptoms, he perceived that he was not capable of the same amount of mental work as formerly; that his mind was dull and inactive; that he suffered with headache; that his senses of sight and hearing, especially the latter, had become enfeebled; that he had abnormal sensations in his inferior extremities—

numbness and "fidgets." He was, however, more particularly distressed about the anaphrodisia, and attributed much less importance to the large urinary secretion and to the cerebral symptoms.

The physicians of this city whom he consulted prescribed only for the failure of his sexual power. He also consulted various well known physicians and surgeons of New York, who did not look beyond the sexual trouble to its cause.

When Mr. ——— presented himself to obtain my advice, he was very fat, his complexion colorless, his eyes full and his countenance heavy.

I learned that his appetite was voracious, his thirst great, and that he indulged both to the fullest extent. He complained chiefly of an almost total extinction of sexual desire, and of frequent nocturnal spermal losses. For several years past he had rarely been able to effect the sexual congress, and when he did perform this act, the seminal ejaculation occurred without his consciousness, and of course without satisfaction. The urethra is large, and singularly devoid of sensibility; a No. 14 bougie passes without difficulty, and without occasioning any uneasiness. The quantity of urine passed is very great, amounting, according to his estimate, to one gallon in twenty-four hours. He rises several times every night to evacuate the bladder. The specific gravity of the urine varies from 1030 to 1038, and generally, although not always, contains sugar.

He complains of a feeling of heaviness in the head, and of occipital pain; his hearing is becoming more dull; his vision is rather confused, and *musca volitantes* float before his eyes; he is usually dull and drowsy, and fixes his mind upon business affairs with difficulty. The abnormal sensations in the inferior extremities continue. His nutritive forces are energetic; he has increased in weight; his appetite is almost insatiable.

I need not detail the particulars of the treatment pursued. It will be sufficient for my purpose to state that, under the use of the iodide of potassium, a seton in the neck, and a restricted diet, he has much improved.

COMMENTARY. These cases tell their own story. Cerebral alterations in each, preceded the appearance of the glycosuria. The lesion in each case occupied some portion of the floor of the fourth ventricle; in the first, it was confined to the left side, and included the origin both of the facial and auditory; in the second,

both sides seemed to be equally affected, but the lesion does not appear to have included the facial. Such, at least, is my theory of the seat of the morbid alterations.

There are various facts which show the dependence of glycosuria upon a cerebral lesion, at least in many cases. Bernard* has long ago demonstrated that lesion of the floor of the fourth ventricle will produce glycosuria (*diabete artificiel*.) This experimental demonstration has been confirmed by the researches of pathological anatomy. When this important discovery was first announced, it was assumed that the changes found in the brain were in all cases causative of the glycosuria; but the progress of investigation has shown that this is not the case. Serious lesions of the brain and nervous system are produced by the excessive amount of sugar in the blood, just as they are produced in the skin, in the areolar tissue, in the lungs, and in the organs of special sense. Dr. John W. Ogle† has collected a number of cases which seem to him to prove that the cerebral lesions of diabetes are secondary. In one of these cases, it is doubtful whether the changes observed in the fourth ventricle were secondary. The account states that on the fifth day after his admission to the hospital, he had attacks of "spasmodic twitchings of the right arm, and subsequently of the right side of the face. Attacks of spasm came on at uncertain intervals, and during their occurrence the mental functions remained entire." The most important facts in the case were those observed by Dr. Lockhart Clarke, who made a microscopic examination of the medulla. "To the naked eye," says Dr. Clarke, "the whole of the medulla appeared perfectly healthy; but on examining these sections under the microscope, it was evident that the fourth ventricle, from the point of the calamus scriptorius upwards for about a quarter of an inch, was the seat of a finely granular deposit, extending through the epithelium for some distance down the raphe, in which, as well as in the substance of the medulla on each side of it, numerous corpora amylacea were interspersed."

Dr. Marchal* (de Calvi) who has treated the subject of "diabetic accidents," in the most thorough and exhaustive manner, admits the existence of a *cerebro-spinal* form of diabetes. Yet, he

* *Leçons sur la Physiologie et la Pathologie du Système Nerveux. Tome Ire Vingt-Deuxième Leçon. (Figure du Plancher du Quatrième Ventricle)*

† *St. George's Hospital Reports*, Vol. I, p. 157.

‡ *Recherches sur les Accidents Diabetiques et Essai d'une Théorie Générale du Diabète*. Paris. 1864. Chap. VI. p. 349.

believes that in most of the cases reported, the lesions of the nervous system were consecutive.

Mialhe proposed a theory in which he assumed that the essential condition in diabetes is an insufficiency in the alkalinity of the blood; the sugar is not decomposed; it becomes a non-assimilable foreign body, and is eliminated by the excretory organs, especially the kidneys.* Recently, however, Mialhe has greatly modified his views. He now "holds that the secreting process is under the influence of the nervous system, and that secretion is not merely, or even chiefly, a process of simple elimination. Applying this view to the explanation of saccharine diabetes, he says that he had hitherto believed that the disease was due to a deficient alkalinity of the blood, preventing the complete destruction of the glucose; now, however, while he still maintains that it is by means of the alkalies of the blood that glucose and its cogeners are decomposed, he believes with Cl. Bernard, that the primary cause of diabetes lies, not entirely in an abnormal state of the blood, but in an essentially nervous disorder. While, however, Bernard believes that the pneumo-gastric is at fault, Mialhe considers that there is a general disorder of the nervous system, and that diabetes is an affection of all the nerves which preside over the secretion."†

Lockhart Clark has shown that the auditory nucleus is continuous with that of the pneumo-gastric. Both of the cases here reported experienced symptoms indicating lesion of the auditory nucleus; they seem thus far to confirm Bernard's view. Counter irritation in both cases, applied to the neck, was followed by marked improvement. "Dr. Buttava relates a case of saccharine diabetes of ten years' duration, in which, after employing various remedies unsuccessfully, he applied a seton to the neck. As supuration became established, the sugar disappeared from the urine, the patient regained strength, and ultimately made a perfect recovery, remaining in good health eight months after the removal of the seton." Counter irritation applied to the base of the brain would manifestly accomplish little, if the cerebral lesions were consecutive.

HEPATIC FORM.

CASE III.† Bulimia; intense thirst; ascites; saccharine urine.

*Marchal *op. cit.*

†Syd. Soc. Biennial Retrospect of Medicine and Surgery, for 1867. p. 69.

‡Reported by Dr. Whitaker, House Physician to Commercial Hospital.

B—— W——, act. 12. Always a very healthy child, it was observed last August (1866) that his appetite began to increase rapidly, becoming in a few months voracious. Thirst soon became an urgent symptom. About this time the abdomen began to enlarge, and soon increased to such a size as to attract attention as he passed along the street. The enormous appetite, thirst, and the abdominal enlargement, aroused the fears of his parents, and he was sent under advice to a boarding school, with instructions to limit his food. This was done in an effectual manner; for after a few months he was reduced almost to a skeleton, and on his return he complained bitterly of this starvation treatment. A physician was then consulted, who, after an examination of the urine, which he was then voiding in large quantity, pronounced the case one of diabetes. The boy afterwards passed into the hands of Dr. Roelker, of this city, who ascertained the existence of a large quantity of sugar in the urine. At this time, it is stated, the patient discharged one gallon of urine daily. The extreme thirst and the voracious appetite continued unabated, and the abdomen gradually increased in size.

When the patient was brought to the Clinic of the Good Samaritan, he was pale, his countenance puffy, but he was not much emaciated. His skin was hard and dry; his mouth, however, was moist; there was nothing of the peculiar diabetic odor about his person. His abdomen was much distended with fluid; so far as could be ascertained under the circumstances, the liver was very large; the superficial veins of the abdomen were much enlarged. The amount of water which he was then passing amounted to about two gallons daily; its specific gravity was 1038.

There was no disturbance of the functions of the brain; his special senses were unaffected; a diabetic cataract existed in the right eye, and one was observed to be forming in the left. Headache was the only symptom referable to the brain which had been observed during the progress of the case.

The case proved fatal on the 2d of December, '66. After walking up stairs to his bed-room on that day, he complained of severe pain in the abdomen; anodynes were administered, but without relieving him, and he quickly expired. No autopsy was permitted.

COMMENTARY. Frequently engorgement and sometimes atrophy of the liver are observed in diabetes. The changes in this organ are regarded by Marchal as parallel to those observed in

the brain, in the lungs, and in other organs produced by the gangreno-inflammatory diathesis of diabetes; nevertheless, he admits the existence of the hepatic form (p. 617.) Andral had reported cases of this form, and one case occurred to Dr. Marchal in which there were great enlargements of the liver and ascites. In the foregoing case, the same conditions existed—enlarged liver and ascites; I may therefore follow the example of Dr. Marchal, and call it a case of *hepatic diabetes*.

Dr. Pavy, who has ably investigated the relation of the nervous system and the liver to the production of diabetes, affirms that the conversion of glucogen (liver sugar) into glucose, during life, is not a normal process, as Bernard seems to have proved. He has certainly shown that the production of sugar takes place with great rapidity immediately after the death of the animal. He has further shown that the glucogenic substance is rapidly converted into sugar by the blood: thus, says Dr. Pavy, if glucogen be injected into the jugular vein of a rabbit, it rapidly gives rise to a diabetic condition of the urine.

Dr. Harley, of King's College, who has also examined this question, concludes that sugar is a normal constituent of the blood, and is not the result of a *post mortem* change. He divides the cases of diabetes into two classes: those in which there is a defect of oxidation, the sugar formed not being destroyed; those in which there is an excessive formation of sugar. Mialhe's theory, which has been adopted by Marchal, assumes, as I have already stated, that the excess of sugar depends upon deficient alkalinity of the blood. Upon this theory Marchal bases his uric acid hypothesis, and affirms the identity in origin of gout and diabetes. The circulation of uric acid in the blood, and the consequent deficient alkalinity of this fluid, prevents the destruction of the sugar by oxidation: whence, according to Marchal, we have the *uric acid form of diabetes*. But Mialhe, as I have remarked, has modified his views, and now admits the influence of the nervous system in the production of glycosuria.

It must be admitted that the cases of hepatic diabetes are not numerous. Nevertheless, there seem to be cases in which the liver produces the glucogenic substance in excessive quantity, without any immediate agency of the nerves which preside over secretion. These are cases of hypertrophy, with, probably, obstruction of the portal circulation.

An interesting fact in the foregoing case is the occurrence of

diabetic cataract. The frequency with which this is encountered as an accident of diabetes depends, as remarked by Marchal, upon the line of practice pursued. Oculists observe it more frequently than medical practitioners. M. Faiconneau Dufresne met this complication but once in 162 observations; whereas Graefe found it to exist in one fourth of the cases seen by him. This complication is more common in males than females, for the reason that the former are much more liable to diabetes. Of seven cases operated upon by Graefe, but one occurred in a woman. The period of life when it is most frequent is 35, but ordinary cataract appears at 60 to 65 most frequently. Whilst ordinary cataract is not complete for months, and sometimes for years, diabetic cataract is complete in a few weeks, and sometimes in a few days. Sichel says it is impossible to diagnosticate a diabetic cataract from a common one simply by its appearance, form and progress; but the history of the case, together with the softness of the cataract and the rapidity of its growth, would certainly indicate its character.

Some interesting observations have been made as to the mode of production of diabetic cataract. Dr. Weir Mitchell,* of Philadelphia, was the first to demonstrate the artificial production of diabetic cataract by injecting a solution of sugar under the skin of a frog. Richardson demonstrated that the solution of sugar must have a density greater than the blood to produce effect. Hence it was assumed that the change in the transparency of the lens was the result of the physical act of imbibition. This, however, cannot be the case, since a solution of sugar introduced into the chambers of the eye does not produce this effect. Marchal refers the production of diabetic cataract to the changes induced in the nervous system of organic life, the influence of which over nutrition is so well established. He likens the production of cataract to the pathological changes effected in the eye by the intracranial division of the fifth nerve.

B—— W—— was taken to a distinguished oculist of this city, but he declined interference. An operation is, of course, not admissible if amaurosis exist. No alteration of the retina appears to have occurred before the appearance of the cataract, but it is undoubtedly true that amaurosis exists in a great majority of the cases of diabetic cataract. Various methods of extraction have

* American Journal of the Medical Sciences, January, 1860.

been employed, but it appears that "aspiration," or the suction method, is the most desirable. My colleague and Professor of Ophthalmology, Dr. Seely, during his recent visit to Europe, saw this operation performed several times successfully.

Aberrations of vision, of varying degrees of severity, are common in diabetes. In my second case there were dynamical alterations of the retina, which disappeared after the insertion of a seton in the neck. The comparative frequency of the visual defects are differently stated by different observers. Bouchardat fixes them at one in four and a half cases, and Fauconneau-Dufresne at one in eight. Marchal, from whose work I have obtained these particulars, thinks Bouchardat's estimate correct. These defects occurred in the cases which have fallen under my observation in the proportion of one to three. The aberrations of vision are various: hemiopia, diplopia, amaurosis, etc. Galezowski* has observed a case in which the appreciation of colors was lost, red being confounded with white. Serious alterations of the retina in diabetes have been noted by Galezowski, Liebrich, Bouchut,† and other observers.

DYSCRASIC FORM.

CASE IV.‡ John Coughlan, a native of Ireland, aged 35, by occupation a laborer, entered the Hospital of the Good Samaritan on the evening of the 21st of May. He states that before the present attack he had always been a healthy man. He does not know of what diseases his parents died. On or about the 11th of this month (May) he was taken with a severe cold, and pain in his chest, which required him to betake himself to bed. He grew rapidly worse, and applied for admission to the hospital on the 10th day after the commencement of his malady.

SYMPTOMS ON ADMISSION. He has intense thirst, dryness of the mouth, and a constant desire to micturate, but which is more intense in the morning than in the afternoon and evening. He is much emaciated. His bowels are constipated, and the fæces are hard and dry. No enlargement or other change in the size and position of the liver is perceptible, on close examination. Both sides of the chest are flattened; dullness is generally diffused; the respiratory murmur is feeble; no moist sounds are heard ex-

* *Etude Ophthalmoscopique sur les Alterations du Nerf Optique et sur les Maladies Cerebrales dont elles Dependent. Par X. Galezowski. Paris: 1866.*

† *Du Diagnostic des Maladies au Systeme Nerveux par l'Ophthalmoscope. Paris: 1866.*

‡ Reported by Dr. Minor, Resident Physician.‡

cept at the apices; respiration is hurried, and the pulse is small and rapid. His urine, examined by Trommer's test, is found to be loaded with sugar. On the morning after his admission he was found to have passed a bucketfull of urine. He has no saccharine odor of the breath and skin; no softening of the gums, and no derangement of his cerebral functions.

His treatment consisted in the use of animal broths, the administration of carbonate of ammonia, and, lastly, of aromatic sulphuric acid. Although the amount and specific gravity of the urine was rapidly reduced by this treatment, his strength declined, the pulmonary trouble increased, and he wasted visibly from day to day. He died on the 30th of May, the whole duration of his illness, from the first symptom to the close, having been only twenty days. No autopsy was permitted by the friends of the patient.

COMMENTARY. This case, which is chiefly remarkable for the rapidity of its progress, cannot be assigned to either the cerebral or hepatic form. There is every reason to believe that the pulmonary trouble antedated the appearance of the diabetes. The saccharine condition of the urine may therefore be ascribed to the interruption in the pulmonary circulation, and consequent deficient oxidation of the sugar formed by the liver. I am, however, disposed to class this case with that variety of diabetes which is apparently the result of a general disorder of the nutritive processes, manifested by eschars, gangrene, boils, carbuncles and pulmonary deposits. The very rapid and extensive consolidation of the pulmonary tissue, anterior, it appears, to the diabetes, lends support to this view. In those cases remarkable for affections of the skin and the areolar tissue, there exists a marked tendency to deposition of fat; the subjects of them are full livers, and are generally in a position in life to indulge their appetites. The cases of pulmonary affections occur, on the other hand, generally in the poor and ill-nourished. A distinction is to be drawn, as I conceive, between the dyscrasia which is the cause of diabetes and those changes in the tissue of the organism the result of the gangrenous inflammatory diathesis produced by diabetes.

TREATMENT. It is obvious that any rational treatment of diabetes must be based not upon the saccharine state of the urine, but upon the conditions of the organism causing this production and elimination of sugar.

Is there a lesion of the brain? Counter-irritants, revulsives, and agents influencing specifically the nutrition of the nervous substance, are the proper remedies.

Is there a hepatic lesion? The treatment must be directed to prevent the excessive production of sugar, by reducing the size and lowering the functional activity of the liver, and by limiting the amount of pabulum which may be transformed into glucogen. The first object may, possibly, be accomplished by counter irritants, by saline laxatives which act by depleting the portal veins, and by the preparations of iodine; the second, by withdrawing from the food all saccharine and starchy matters. The "respiratory aliment" being thus withdrawn, we must supply its place by fats; hence the great utility of cod liver oil in the hepatic form of diabetes.

Does the saccharine state of the urine depend upon excessive acidity of the blood? If this be the case, we may accomplish much by the use of alkalies, *liquor potassæ*, and especially carbonate of ammonia. However we may explain its *modus medendi*, there can be no doubt of the efficacy of the carbonate in many cases. It is particularly adapted to those cases in which a large consumption of food and fullness of habit have preceded the appearance of diabetes. The occurrence of boils, carbuncles, eschars and gangrene is also an indication for its employment, for under these circumstances an acid condition of the urine has long preceded the appearance of sugar. Whether we admit Mialhe's uric acid theory or not, the fact remains, that an acid condition of the urine, and of the blood, also, exists in many cases, the relief of which, by the ingestion of alkaline remedies, is followed by a decided diminution in the amount of sugar.

It would be a waste of time to discuss the various accessories to the treatment. I am only concerned at present with the settlement of these fundamental propositions.

ART. IV.—*Hæmorrhagic Diathesis*—Case. By. G. R.

PATTON, M. D., Cincinnati.

A BOY of seven years, in falling, wounded his tongue, by one of his incisors. He was blanched and almost pulseless on my arrival, forty-eight hours after the accident. The physician of the family—who then could not be found—had already applied

the per-chloride and per sulphate of iron, a sharp pencil of the nitrate of silver and long continued compression, without success.

On inquiry, it was ascertained that the hemorrhage from a slight cut of the finger, had nearly resulted fatally on a former occasion. Instead of the actual cautery evidently here indicated, the application of nitric acid was substituted by the following method: A few drops of fuming nitric acid were drawn by suction into a small glass tube having a capillary extremity; this was pressed into the puncture and several drops of the nitric acid injected into the bottom of it, by compressing the air in the tube with the lips at the opposite extremity. The arrest was instantaneous and permanent.

Medical Societies.

BUTLER COUNTY MEDICAL SOCIETY.

Resolutions adopted by the Butler County Medical Society at the regular October meeting, 1867.

WHEREAS, the rules and regulations of the State Medical Society of Ohio, for the government of auxiliary Societies, authorize and urge them to "present through their delegates such papers, etc., to the State Society, as may be selected; copies of which these delegates are instructed to deposit with the Committee on Publication."

AND WHEREAS, The same rules referred to contain this language: "Auxiliary Societies will, as far as possible, contribute to the furtherance of the objects of the State Medical Society by selecting from their own archives such original papers, essays, reports and especial statistics as they may deem of sufficient value on any subject connected with medical science."

AND WHEREAS, In 1866, the Butler County Medical Society, through her delegates, presented an able paper to the State Medical Society, upon an important subject of general interest, and its reference to the Publication Committee was refused; and again, in 1867, two other papers were referred from this Society, according to the rules, one of which was read *under protest* and not al-

lowed to go to the Publication Committee, and no action whatever taken upon the resolution appended, which was of a general character, and the other paper lay upon the table and no attention was given it further than a statement from the Secretary that such a paper "was in his possession."

AND WHEREAS, *All other* unpublished papers presented to the State Society, from its first meeting until now, whether read previously before the Societies or not, *without one exception*, have been read without objection, and printed in the transactions.

Therefore resolved, That the action of the State Medical Society above referred to was a repeated violation of its rules and by-laws governing auxiliary Societies, without parallel in its history, and a direct insult to the Butler County Medical Society.

Resolved, That the grossly offensive discrimination shown in the action of the State Society leaves us no other course, compatible with honor and self-respect, than a peremptory withdrawal from any further connection with the State Association.

On motion, the Secretary was directed to furnish a copy of the above preamble and resolutions to the Secretary of the State Medical Society; also a copy to the *Lancet and Observer*, for publication.

J. S. McNEELEY,

Secretary Butler County Medical Society.

MEDICAL CONVENTION AT OXFORD.

AT the last quarterly meeting of the Union County (Indiana) Medical Society, held at College Corner, a resolution was passed accepting an invitation from two or three of the Oxford physicians; then present, to hold its next meeting at Oxford. Subsequently the Union County Society proposed to the Butler County Society a union meeting at Oxford of the two Societies, and that the physicians generally of the two counties be invited to attend the meeting. This was afterwards extended to include Fayette county, Indiana, and Preble county, Ohio, and invitations were sent out by the Societies to many of the physicians of the four counties; but the time fixed upon for the Convention, as it was termed, was so short that many did not get the word soon enough to be here. Twenty-five Doctors, including our home delegation, were present, viz :

D. D. Hall, Connersville, Ind.; J. E. Morris, Liberty, Ind.; Wm. Huber, Hamilton, O.; J. S. McNeely, Hamilton, O.; W. W. Caldwell, Hamilton, O.; A. D. Hawley, College Corner, Ind.; A. Hancock, McGonigle's Station, O.; J. R. Brown, Millville, O.; Daniel Trembly, Union county, Ind.; John McMechan, Darrrtown,

O.; R. C. Huston, Oxford, O.; Hugh Gilchrist, Oxford; Henry Saunders, Oxford; George Wyman, Oxford; H. A. Bodman, Oxford; Henry F. Garver, Billingsville, Ind.; Lurton Dunham, Camden, O.; James S. Ferguson, Camden, O.; John Trembly, Riley, O.; James B. Porter, Fairhaven, O.; H. B. Hinkley, Millville, O.; G. W. Goble, Oxford, O.; C. S. Ramsey, Oxford; G. W. Keely, D. D. S., Oxford; E. L. Hill, Oxford.

The Convention met at 10 o'clock A. M., October 22, 1867, at the new hall of Invincible Lodge of Odd Fellows, of Oxford, they having tendered to the Convention the use of their room, through Dr. R. C. Huston, Chairman of their Board of Trustees.

Dr. H. A. Bodman, of Oxford, was chosen temporary Chairman, and Dr. E. L. Hill, of Oxford, Secretary. On assuming the Chair, Dr. Bodman made a short and appropriate address of welcome to those present from abroad, and, in behalf of the profession of Oxford, extending to all our hospitalities, expressing the hope that this was to be the forerunner of many pleasant and profitable reunions of the medical men of the counties represented here to-day.

On motion, a Committee of three was chosen by the Chair, on permanent organization, consisting of Drs. D. D. Hall, R. C. Huston and J. S. McNeeley. After a short absence, the Committee reported, viz: For President, Dr. H. A. Bodman, of Oxford; for Vice President, Dr. S. E. Morris, of Liberty, Ind.; and for Secretary, Dr. E. L. Hill, of Oxford. The report was adopted.

Upon motion of Dr. Hill, an invitation was extended to Dr. George W. Keely, D. D. S., to sit in the Convention and join in its discussions.

The meeting at once proceeded to the business before it, which was stated to be "to adopt, as a profession, the best plan to benefit the community in which we live." After considerable discussion as to the best means of accomplishing this, Dr. McNeeley offered the following resolutions, which were carried unanimously:

Resolved, That an association be formed consisting of the medical men of the counties of Union, Fayette and Franklin, Indiana, and of Butler and Preble, Ohio, who desire the advancement of medical science, their own improvement in their profession, and to form and cultivate the acquaintance of their brethren in social recreation.

Resolved, That we recommend the local Societies in the counties names to co-operate with this organization.

Dr. A. Hancock moved that the Chair appoint a Committee of

one from each county named, to report a plan for such an organization, and to draft a constitution ; and that the Committee report after dinner Adopted.

The following were designated as the Committee: J. S. McNeeley, D. D. Hall, A. D. Hawley, James S. Ferguson and H. F. Garver.

On motion, adjourned until 2 o'clock P. M.

AFTERNOON SESSION.

The Convention was called to order at 2 o'clock. The Committee appointed to report a plan of organization and to draft a constitution, Dr. J. S. McNeeley, Chairman, reported that they had agreed upon a plan of organization, and had, in accordance with instructions, drawn up a constitution embodying the plan, and submitted it to the Convention.

Upon motion of Dr. W. W. Caldwell, the report was received, and the constitution, as reported by the Committee, taken up, section by section, and acted upon.

The following is the constitution as passed :

"CONSTITUTION.

"SEC. 1. This organization shall be known as the Union District Medical Association, of the counties of Preble and Butler, Ohio, and Union, Fayette and Franklin, Indiana.

"SEC. 2. The objects of this Association shall be the advancement of medical science ; mutual improvement therein, and the maintenance of union and harmony among medical men ; thereby promoting the honor, interest and usefulness of the profession.

"SEC. 3. The members of this Association shall consist of the members of the various Medical Societies now existing, or which may be hereafter organized, within the counties named in Art. 1st.

"SEC. 4. The officers of this Association shall be a President, Vice President, Secretary and Treasurer, who shall be chosen annually by ballot. They shall hold their offices for one year, and until their successors are elected and qualified.

"SEC. 5. This Association shall meet annually, or oftener, at such times and places as the Association shall designate.

"SEC. 6. Seven members shall constitute a quorum for the transaction of business.

"SEC. 7. This constitution may be altered or amended at any annual meeting, by a unanimous vote of all members present. If a two-thirds vote of all present is obtained in favor of any amend-

ment, it shall lie over for one year upon the table; when, if a two-thirds vote be again obtained for said amendment, it shall be a part of this constitution."

The same Committee also submitted the following resolution as part of their report, which was, on motion, passed:

Resolved, That the Chairman appoint one delegate from each county designated, to present this constitution and plan of organization to their several local Medical Societies, and to solicit their co-operation in establishing this Association; with instructions to the delegates to report to the Secretary of this meeting, before our next meeting, the action of the local Societies therein.

The following were designated by the Chair as such delegates: L. Dunham, Preble; J. S. McNeeley, Butler; J. E. Morris, Union; D. D. Hall, Fayette; and George Berry, Franklin.

Dr. Huber now arose, in behalf of the Butler County Medical Society, and extended an invitation to all present, and to all physicians of the county who were not members, to join it; and, "if there was no County Society in Preble, the invitation was hereby cordially extended to them also." Dr. Morris, for the Union County Society, and Dr. Hall, for the Fayette County Society, extended the same general invitation to include Franklin county, also, if no local Society now exists there, "to the end that there should be no excuse for any man not to belong to this Association."

On motion, it was voted that when we adjourn, we adjourn to meet at Oxford on the last Thursday of January, 1868, at 9 o'clock A. M.

On motion, it was voted that a Committee of three be chosen to draft by-laws for this Association, and that they report them at the next meeting. Drs. Bodman, Hill and Wyman, all of Oxford, were chosen that Committee.

On motion, the Secretary was directed to have an abstract of the proceedings published in all the county papers of the district, and also in the *Cincinnati Lancet and Observer*.

On motion, adjourned.

EDWARD L. HILL, Secretary.

Commercial Hospital.

SURGICAL CLINIC OF DR. W. W. DAWSON.

Reported by W. K. Perrine, M. D., Assistant Resident Physician.

Ovariectomy.

OCTOBER 5th, 1867. I present to you to-day, gentlemen, a case of abdominal enlargement for the purpose of diagnosis. The swelling, which was first noticed six months ago, is, as you see, large and of an irregular outline; it is prominent at the umbilicus and the sides are unequal—the left being broken by a marked depression midway between the crest of the ilium and the lower border of the ribs, whilst the right is protuberant and sickle-shaped. *Fluctuation* is everywhere present, but is much more distinct at some points than at others. *Percussion* gives a dull sound over the entire surface except far back in the lumbar regions. *Change of position* produces no effect in its form or in the sounds evolved by palpation. *Sonority* is absent, even over the stomach. *A difference in the consistence* of the various parts is revealed by touch, fluctuation and percussion. *The recumbent position* either on the side or back, is the most agreeable to the patient, and when moving from side to side, she has a sensation of a heavy weight in the abdomen. The general health is tolerably good—better, indeed, than could be expected in a disease of such rapid development. The bowels are regular, urine healthy, and of sufficient quantity; appetite variable; skin normal, and no unusual thirst. There is no anasarca present; the right leg was œdematous and red in the earlier days of this case, but it is now in a normal condition. The measurements of the abdomen are $42\frac{1}{2}$ inches in circumference at the umbilicus, 11 inches from the umbilicus to the ensiform cartilage, $10\frac{1}{2}$ inches from the umbilicus to the symphysis pubes, $13\frac{1}{4}$ inches from the umbilicus to the right, and $12\frac{1}{2}$ inches to the left, anterior superior spinous process. You perceive a difference of $\frac{3}{4}$ of an inch in the distance between the umbilicus and the ilii, the right being the greatest. *The*

uterus is not within reach per vaginam. The history of this case is as follows: M. F——, unmarried, aged twenty years, a cook, admitted August 27th, 1867. She had always enjoyed perfect health, and had menstruated regularly and normally, before April last. In that month she had a sudden suppression of the catamenia, accompanied by pains, more marked in the left ovarian region; and at this time her attention was attracted to a tumor in the lower part of the abdomen, central in situation. Her right leg soon after became red and swollen.

Symptoms on admission:—Has the general appearance of a woman in ordinary health, far advanced in pregnancy; complains of nothing except the inconvenience arising from the size and weight of the enlargement, and the swollen condition of the leg. The abdomen is very much distended, measuring 33 inches at the umbilicus; it is flat on percussion over the entire anterior surface, but very resonant in the lumbar regions. The functions are normal except the catamenia—there having been no appearance of this since its suppression in April. There is a bruit with the systole of the heart.

What is the nature of this enlargement? Is it a case of *ascites*? In ascites, the abdomen presents a *regular oval outline*, with the umbilical region flattened, and the sides protuberant, giving an increased breadth across the flanks. Fluctuation is equal in all parts, and when the patient is in an erect position, it is bounded by the summit of the fluid. "Percussion is dull where the fluid lies, and clear where the intestine comes near the surface." When the patient is erect it is clear over the upper portion of the abdomen, and when in recumbent position the bowels float to the front, and here we have a clear sound, except in cases of remarkable distension, or where the bowels are held down by adhesions. In ascites, the *os uteri is in the vagina, and always within reach*—in fact, it is usually pressed downwards by the superincumbent fluid. The bowels are costive, appetite poor, urine always abnormal in quantity, and generally in quality; the skin is hot and dry, and the patient thirsty. Œdema of the extremities is almost always present in ascites having attained the size of this swelling, In the advanced stage of the disease the recumbent position becomes almost unendurable, from the pressure of the gravitating fluid upon the viscera of the chest. In no single respect, then, except merely its presence in the abdomen, does this swelling resemble ascites. Its irregular outline, its varying fluctuation, its uni-

form dullness on percussion, its unequal consistence, the preference for the recumbent position, the fair general health, the non-existence of anasarca, and the absence of the uteri, all show conclusively that this is not a case of abdominal dropsy.

Is it pregnancy? The menses were suppressed six months ago, but the enlargement is too great for gestation, even at full period. The shape and position are not that of the impregnated uterus, nor have we any of the signs of pregnancy. Ballottement cannot be perceived, the placental souffle cannot be detected, the foetal heart cannot be heard, the breasts are unchanged, and there is not now, nor has there been at any time, morning sickness.

Is this dropsy of the uterus? When this disease occurs, which is not often, the enlargement is confined to the lower part of the abdomen, fluctuation is indistinct, and the tumor is well defined. *Pain in the pelvis* and obstruction to the circulation of the extremities, are always present, on account of the pressure on the bladder, rectum, and blood vessels.

Is this fibroid disease of the uterus? Mr. Spencer Wells, the greatest of all ovariologists, says, in his lecture delivered in Philadelphia, in September last, that "a florid complexion is very common in patients suffering from fibroid tumor of the uterus, while a certain amount of pallor, or a chloro-anæmic aspect is the ordinary accompaniment of ovarian disease." There is nothing florid, as you see, gentlemen, in the face of the girl before you. Uterine tumors are of slow growth, and rarely, if ever, attain the size seen in this case. They are solid, non-fluctuant, moveable, situated in the median line, and usually accompanied by hemorrhage.

Prof. M. B. Wright saw this girl two months before her admission to this house, and at that time he says the swelling was in the median line, and presented very much the appearance of the gravid uterus between the sixth and seventh month. Its presence in this situation does not necessarily imply the involvement of the uterus, for in many cases of ovarian disease, the ovary, after attaining the size of a child's head, falls over to the center of the body. The pallid face of this girl, the fluctuation of the tumor, its want of solidity, its rapid growth and entire freedom from uterine hemorrhage, all prove that this is not fibroid disease of the uterus.

Is it tympanitis? No; for this affection is not usually of six months' standing, but is essentially evanescent in character. In

it, also, we have necessarily a clear sound on percussion, and no sense of fluctuation.

Is this a phantom tumor? Its persistence, its history and its conformation, all preclude the idea of its being a tumor of this description.

Is it encysted dropsy of the abdominal walls? In this form of dropsy the swelling begins at some point in the parietes of the abdomen, and extends gradually in every direction. In the case before us the enlargement was first detected rising out of the pelvis.

Is it hypertrophy of the liver or spleen, or cystic dropsy of either of these organs? If this swelling had been produced by increase in the size of either the liver or spleen, or by cystic tumors attached to them, the encroachment upon the cavity of the abdomen would have been from above downwards.

Have we here a *distended bladder*? No; this woman passes her water normally. Nor can it be from *accumulated feces*; for her bowels move regularly every day.

Is this malignant disease of the ovaries? The rapid growth of the tumor might lead us to suspect malignancy; but the almost entire absence of pain and of a cancerous cachexia proves its benign character.

What, then, is the nature of this case, if it be not ascites, pregnancy, dropsy of the uterus, fibroid tumor of the uterus, tympanitis, phantom tumor, encysted dropsy of the abdominal walls, enlargement of the liver, enlargement of the spleen, distended bladder, accumulated feces, or malignant disease? I regard it as a case of ovarian dropsy—multilocular in character. When this woman was admitted to the hospital she passed under the care of Dr. J. F. White, of the medical section of the staff. Dr. W. decided, after a careful examination, that the tumor was ovarian, and I have no doubt of the correctness of his opinion.

I now propose, gentlemen, as another means of diagnosis, to tap this woman. I insert the trochar as is usual in tapping for ascites, and you see flowing through the tube a dark, chocolate-colored, viscid fluid, which may be regarded, when coming from this region, as pathognomonic of ovarian dropsy. As the result of the removal of this fluid, (19 pints,) we have the umbilical diameter reduced to $36\frac{1}{2}$ inches; the irregular outline of the tumor is much more marked; the bowels have moved to the front, so that we have a clear sound, on percussion, between the

right costal arch and the tumor, and in the epigastrium. There can now be no doubt about the character of the case; and as soon as the patient is relieved from the effects of this tapping, I will extirpate the tumor.

October 18th. After the tapping on the 5th inst., she slept well, and became very cheerful and hopeful; respiration was easier; the pulse for a day or two was less frequent, and the appetite improved. The fluid, however, soon began to reaccumulate; and the tumor has attained now within a fraction of its former dimensions. In a few days, also, she commenced complaining of pain and a sensation of burning in the abdomen, accompanied by intense thirst; the latter has continued to the present. Notwithstanding she has a good appetite, and is allowed a generous diet, she is more emaciated and anæmic, and her lower extremities have become œdematous. Her pulse is feeble, and ranges from 125 to 135; respiration frequent, and for the last two days has been more embarrassed; the tongue is clean and moist; bowels regular; urine very abundant and normal.

October 19th. Dr. Dawson to day, at 10 A. M., performed ovariectomy. An incision was made from the umbilicus to the symphysis, the tumor exposed, and a large quantity of fluid drawn off by a trochar; but the tumor was still so large that the incision had to be extended almost to the ensiform cartilage before it could be extracted. It weighed 42 pounds. There were slight adhesions, evidently of recent origin, between the tumor, the abdominal walls and stomach. The pedicle, 15 inches in breadth, was ligatured, divided, and the ligatures brought out through the abdominal incision. The wound was closed by interrupted silver wire suture, the peritoneum being included in the stitches. A bandage, with a woollen compress over the front of the abdomen, was applied.

The uterus was attached to the pedicle latterly and superiorly, and drawn up entirely out of the pelvis.

October 21st. She rallied very well from the effects of the operation and the chloroform; after which one grain of opium was given. A short time after she was removed from the amphitheater she had a chill, which continued three quarters of an hour; this was followed by a considerable reaction, the pulse rising towards evening to 150. The embarrassed respiration present for three days previous to the operation still continued. There was no pain complained of, and very little tenderness. In the even-

ing of 19th a pill containing pulv. opii. gr. i, acid carbol. gtt. i, tinct. acon. rad. gtt. ij, was ordered to be taken every two hours. Stimulants and beef essence were administered freely. Little change in the general condition during the night, except that the pulse fell to 120.

There was occasional vomiting during the forenoon of the 20th, which increased so much in the afternoon that but little was retained in the stomach. About 6 P. M. she began to sink rapidly, and died at 8:30 P. M.—thirty-three hours after the operation.

October 26th. Previous to his clinic to-day, Dr. Dawson made the following remarks:

What was gained and what was lost in the foregoing case by the tapping, and the necessary delay of two weeks of the operation of extirpation? For three or four days, whilst the fluid was reaccumulating, the patient's condition was much more comfortable; this short respite was all that was gained. Two weeks of valuable time was lost, during which all the unfavorable symptoms were aggravated, and she came before you on the 19th far from being in so good condition as she was when you first saw her on the 5th. This length of time amounts to but little in ovarian tumors generally, as they are ordinarily of slow growth; but in a case of such rapid development and of such grave tendencies as this one, was a matter of vital importance. The adhesions between the tumor and the abdominal walls and the stomach all occurred in this interval—their slight character and the pain and burning sensation detailed in her history prove this conclusively.

What is the value of the uterus as an element of diagnosis in these abdominal enlargements? In ascites it is always within reach. This is not the case, however, either in uterine or ovarian tumors; in both of these its situation is uncertain—irregular. In a case of uterine tumor, Spencer Wells makes this remark: "In this patient the vaginal examination quite bears out the diagnosis made through the abdomen, inasmuch as the uterus is drawn up out of reach. This often happens in enlargements of the uterus, while it is very rare in an ovarian tumor that the cervix cannot be felt, unless the ovarian tumor is detected low down in the pelvis."

Prof. Gross, in his *System of Surgery*, says: "In ovarian dropsy the neck of the uterus is usually drawn up into the pelvis, perhaps almost beyond the reach of the finger."

Macleod (Surgical Diagnosis) asserts that "the cervix uteri is usually in the middle line in the case of a uterine growth, and not displaced and drawn to one side, as in ovarian tumors;" whilst Churchill, in diagnosing ovarian dropsy, disposes of the uterus as follows: "If a vaginal examination be made, the uterus will be found higher than natural, except in an advanced stage of the disease, when we may find it depressed, or even prolapsed."

The conclusion of this matter is this: In some cases of ovarian dropsy the uterus is in place, whilst in others, as in mine, it is carried entirely out of the pelvis by the ascending tumor.

Prof. Bartholow, on the pathology of the tumor, makes the following report:

"Dr. W. W. Dawson, *Surgeon to the Commercial Hospital*:

"The tumor removed by you, October 19th, 1867, is a complex ovarian cyst. It consists essentially of enlarged graafian vesicles, whose walls and contents have undergone enormous development. The walls of the principal cyst are laminated and smooth, both exteriorly and interiorly. Into the cavity of the principal cyst a number of smaller cysts, of varying sizes, project. The exterior of the tumor has a nodulated appearance, due to the greater or less prominence of these smaller cysts. Sections of these disclose cavities of various sizes, filled with peculiar fluid contents. Some of them present a peculiar reticulated or honey comb arrangement—having cells of various sizes, filled with a colloidal or jelly-like matter. A remarkable variety in the fluid contents of these cysts is found to exist. Some contain a clear and pellucid serum; others, a dark brown and more or less tenacious albuminous fluid; others, a light greenish, jelly-like substance; and still others, a white albuminous substance, similar in appearance to "laudable pus," but not presenting, under the microscopic, the morphological constituents of that fluid.

"No portion of the tumor exhibited the characters of malignant disease.

ROBERTS BARTHOLOW, M. D.,

"Pathologist to Commercial Hospital."

Ophthalmological Department.

EDITED BY E. WILLIAMS, M. D.

Stricture of the Nasal Duct. BY E. WILLIAMS, M. D.

AS an introduction to the important subject of the treatment of dacryocystitis and stricture of the nasal duct, I will translate the short report of a discussion at the recent meeting of the Ophthalmological Congress in Paris, contained in the *Klinische Monatsblätter*, of Zehender :

“LAWRENCE ON EXTIRPATION OF THE LACHRYMAL GLAND.—In the name of Mr. Laurence, who, though present, is not perfectly master of the French language, M. Giraud Tenlon read a paper in which the author gives his latest and extended experience on extirpation of the lachrymal gland. He states that P. Bernard first proposed this method in exceptional cases, but that it has never since been systematically tested. The number of cases operated by Lawrence up to the present is twenty, at ages varying from one to twenty five years. With the results of his cases he is in the main well satisfied, especially when it is remembered that all of them had been previously treated for epiphora, without success, by other methods. The weeping ceases, but the moisture of the eyes remains normal.

“Wecker remarked, on the contrary, that he, under the elder Textor and at his instigation, had written a dissertation on extirpation of the lachrymal gland; that Textor had advised him to practice this operation, but that he had never been reduced to the necessity to put this extreme measure into execution.

“Arlt also opposed the operation recommended, because he does not consider the extirpation of the gland a justifiable measure in diseases of the tear sac. He thought, moreover, that suppuration of the orbital tissue, (as the author himself admits he has seen,) and even danger to life, might follow it. Besides this, one can only extirpate the larger, orbital portion of the gland, without serious injury to the conjunctiva. There would remain, therefore,

in the palpebral portion, an important source of the secretion of tears, which would still produce epiphora when the tear passages are obstructed. On the other hand, Arlt expressed himself so well satisfied with Bowman's method of dilating the constricted tear ducts, that he only in very rare cases failed to obtain his object by this treatment. He had only had recourse three or four times to the obliteration of the tear sac with the hot iron. As to the passage of Bowman's sounds, Arlt laid great stress on gentleness in the introduction of the probes, and that one should not go up too quickly to the larger numbers. The treatment in itself, indeed, only operates mechanically, and cannot therefore directly remove diseased conditions of the tear sac or caries of the bones. Caries is, according to Arlt's experience, a very rare complication, he having only seen its spontaneous development in five or six instances, sometimes after previous constitutional syphilis, and in all others, even in the majority of the cases, it was induced by instrumental injuries of the tear passages, by awkward manipulations in sounding.

"Lawrence replied that others as well as himself were not so well satisfied with Bowman's method as Prof. Arlt; and emphasized the fact that all the cases of epiphora cured by himself in extirpating the gland had been treated, and most of them a very long time, by Bowman's plan, without success. As to the impossibility of removing the palpebral portion of the lachrymal gland without serious damage to the conjunctiva, he admitted it: but alleges, from his own recorded experience, that this part of the gland, against Arlt's presumption, is not sufficient to cause weeping. In regard to the danger of the operation, it is true the observations are not yet numerous enough to remove all apprehension; but still Arlt had misunderstood him in regard to the occurrence of suppuration in the orbit. He had never observed this, but only an imperfect *prima intentio*—that is, suppuration of the edges of the wound.

"The Spanish oculists, Cervera, Delgado and Carera, here arose and zealously advocated the different methods of obliteration of the tear passages, either with the hot iron or with the different caustics. Delgado was spirited in the praise of obliteration, and asserted that, at least in Spain, where diseases of the tear passages are very common—without any southern exaggeration—the results of occlusion are throughout brilliant, and only wished the gentlemen could visit Spain and see for themselves the correct-

ness of his assertions. Cervera also declared that he had tried everything, and found nothing better than obliteration. True, in a number of cases epiphora was observed after the treatment; but this disappeared in Spain, after the lapse of a few months, at most after five or six.

"Giraud Tenlon and Warlomont drew the conclusion, from the tenor of the discussion, that it is here a question, not of principles, but much more of two large classes of facts, which may possibly depend on differences of climate, or other similar causes. It is undisputed that by the conservative method—that is, by progressive dilatation of the tear passages—a large number of cases are cured; that, however, in other cases, in other latitudes, occlusion also affords capital results. A warmer climate, especially, might explain the different results of the method by obliteration, in respect to the remaining epiphora, which is the chief objection urged against it. It is well known that, with most patients, the epiphora is very much more annoying in winter than in summer."

Judging from the discordant views just detailed, one would think that the combined wisdom of Europe, represented in the Congress, can give still but a very knotty chapter on the treatment of lachrymal obstructions. The serious proposition to generalize extirpation of the tear secreting organ, as a means of combating epiphora, leaving the fons et origo, the suppurative inflammation of the sac and the stricture, to take care of themselves, is, to me at least, amusing. The old method of occlusion of the sac, so happily adapted, as it seems, to a Spanish climate, is far more rational and free from objection than extirpation of the gland. The former, indeed, is only indicated in troublesome lachrymal tumors, complicated with bony atresia of the nasal duct, or extensive caries of the bones; while extirpation of the gland is unjustifiable, except as a means of palliating the stilllicidium lachrymarum which accompanies incurable ectropium or loss of the eyelids.

Bowman's method, in the immense majority of cases of stricture of the nasal duct, affords great relief, and, in many, a permanent cure. Weber's idea of selecting the upper canaliculus in place of the lower, and of using larger probes and more systematic medication of the diseased mucous membrane by astringent injections, was a still farther improvement. In repeated trials of his operation, however, I became convinced that unnecessary in-

jury was thereby done to the tear sac and mucous membrane. The subcutaneous division of the tear sac and ligamentum mediale, and the forcible passage of such large instruments through the stricture, produce great pain, and render subsequent relapses more liable than when a different and milder course is pursued.

After a thorough trial of both these methods, I still found relapses frequent and troublesome, and began to consider what might still be done to insure greater success. For more than five years I have pursued a treatment that has afforded a much larger percentage of permanent results, with much less suffering to the patient. In this journal for November, 1864, I first gave publicity to this method, and three years more have only confirmed my then very favorable experience. The essential and peculiar feature of the treatment consists simply in causing the patient to wear the stile constantly during the whole course of treatment, instead of its occasional temporary introduction. I had a series of silver stiles made and numbered from five to nine of the bougie scale, inclusive, my smallest corresponding to Bowman's largest, and being about one-sixteenth of an inch in thickness, the largest being one eighth. They are from one and three quarters to two inches long, to suit different cases, very slightly conical at one end and flat at the other. I order them straight, and bend them in each case to suit the length of the nasal duct and the peculiar conformation of the inner canthus. I have tried stiles of pure tin, of lead, and of hard rubber, but find the soft silver the best.

I have modified my procedure in several particulars since my first published paper. As before, I slit up the superior canaliculus, but not with Weber's knife, as formerly. A very delicate pair of scissors, with one branch probe pointed and slightly longer than the other, answers the purpose admirably, and is much quicker done and less painful than the knife. I no longer cut the sac, but simply slit up the canaliculus down to it. If I then find its inner orifice dilatable, I use a conical or small probe to stretch it till it will admit my No. 5. If I find the orifice contracted so as not to admit a small conical probe, I pass in the Weber knife, and notch the sac till the No. 5 is easily passed. Should I find the canaliculus closed at the junction with the sac, I at one pass in the largest of Bowman's probes (No. 6) and explore the sac and nasal duct. If the stricture or strictures are not very tight, I soon coax it through, or pass it with very moderate force. There is no danger of making a false passage

with so large a probe, if it is kept in the direction of the nasal duct. In case the resistance is very great, I change for a more flexible gutta serena one of the same size. Should that fail to pass without using more force than it will bear, I lay it aside and try still another.

My friend Dr. Henry Williams, of Boston, has invented a set of stiles like Bowman's, except that they terminate by bulbous ends, and are much thinner about half an inch above, so as to bend easily. I find them very useful in exploring the sac and nasal duct, where Bowman's largest does not pass without too much violence. I try these in succession, beginning with the smallest. They are very *insinuating*, and can be bent easily with the fingers to suit the individual case. The bulb on the end of the largest, marked G, is just the size of my No. 5. After passing them, I learn the peculiarities of the canal to be traversed, and can then put Bowman's No. 6 through with greater certainty and assurance. If these all fail, I proceed to force the stricture with No. 6, being careful that I have the direction of the nasal duct. Having now entered the nose, I leave the probe a few minutes and then withdraw it in favor of a stile that I introduce to remain. Before removing it, however, I mark the point that corresponds to the place of junction of the sac and canaliculus, so as to measure off the required length on the stile No. 5, which is now to be bent to fit and passed in to remain. With a pair of pliers I bend the flattened end so as to make it hook down over the lower lid; a second bend outwards, just below the first, makes it fit much better, and prevents the lids from dragging the hook around against the eye. This is next passed down and left in, if it fits at all well; if not, it is again withdrawn, and bent to better suit the peculiar shape of the canthus. In most cases the pain caused by the presence of the stile passes off or abates very much in a few hours, so as to become endurable. It is a rare thing now to find a patient that will not bear the stile from the very first. If the pain is excessive, and the swelling increases for a few hours, in spite of morphine internally and cold water locally, I take it out and try it again next day. I now always fit the patient with the permanent stile at the first operation, and rarely find that it is not borne as well as later. In twenty-four or forty-eight hours, I usually find the stile so loose that it can easily be withdrawn and the tear sac washed out with tepid water and a small-pointed dental syringe; after which the stile is reintroduced. Should the

patient be very sensitive and timid, I sometimes leave the stile several days, or even a week, before taking it out the first time. From then on the stile is removed daily, and the sac washed out with tepid water, which now runs out in a stream at the nose. As soon as the No. 5 is quite loose and easy, I go to No. 6, bending it in the same form. When this size is attained, I commence the astringent injections each time, or every second day, after the water. The solution which I generally use is twenty grains of sulphate of copper to an ounce of water, of which a few drops are drawn into the syringe and passed through till it trickles out at the nose. If the parts are very sensitive and inflamed, I use a much weaker solution (two or three grains to the ounce) in the commencement, and gradually increase the strength. A solution of ten grains to the ounce, of acetate of lead, or sulphate of zinc, or nitrate of silver, may also be better borne in some cases. In two or three weeks, and often much earlier, No. 7 may be introduced; and finally, in adults, No. 8, which is to be worn for some weeks or even months longer, till all suppuration or even perceptible mucous secretion has ceased. There is much more danger of not wearing the stile long enough than too long. The whole duration of the treatment lasts, on an average, about three months; but it varies much in different cases. As the secretion diminishes, and the previously dilated sac contracts, the frequency of the injections may be diminished, as well as the strength. I now rarely use the No. 9, as it is very large, heavy and disagreeable, as well as very difficult to bend suitably. The No. 8 is large enough, especially if it is worn *long enough*." After the first few days the patient experiences no special inconvenience from the presence of the stile, and can pursue his or her usual avocation. By selecting a stile of the right length, and bending it nicely, it can be so closely adapted to the corner of the eye as to attract but little attention. Instead of refusing to wear them, patients are often reluctant to leave them off, finding themselves so much more comfortable than before their use. Sometimes the contact of the stile causes little fungous excrescences at the opening in the sac, which can readily be snipped off with the scissors. Occasionally, when the stile is not bent outwards sufficiently, near its upper end, the sides of the slit-up canaliculus grow together external to the stile; but this has no special disadvantage. The stile should always fit comfortably, so as not to drag upon the lids, and be perfectly smooth.

The advantages of this method over Bowman's and all others in my experience, are many. In the first place, it effects a larger percentage of complete cures. All are greatly and permanently benefited by it, and the immense majority completely relieved. Of the hundreds of cases which I have thus treated in the past five years, I do not remember more than four or five that have not been entirely relieved, and even their condition is far better than before the treatment, troublesome epiphora being now the only inconvenience—no serious inflammation, no abscesses, and but a little mucous secretion. Many patients complain simply of watery eyes while they retain the stiles; but the epiphora nearly always ceases in a few weeks, or at most months, after leaving them off. Of all the cases treated, I have found it *impossible* to get through the nasal duct in but one, and that was a case of bony obstruction following fracture of the ossa nasi. I believe with Prof Arlt, that complete obliteration of the nasal duct is extremely rare.

Another superiority of this treatment is, that it is much less painful to the patient to wear the stile than to have it merely introduced occasionally for half an hour, as practiced by others. Each introduction is painful; the patient thus becomes *demoralized*, and is apt to cease attendance too soon, especially as he must lose half an hour each time by waiting to have it taken out. When the stile is worn, all the hurting is at the start, *when people expect to be hurt*, and will bear it. Another important consideration is, that, in a couple or three weeks, the patient can easily take out and put in his own stile, and also use the injections, thus saving much time and expense. After reaching No. 6, I often let them go home for a few weeks, supplying them, of course, with a syringe, medicine, and the proper directions. When convenient they return, have a larger No. put in, and again go home. When the required size, usually 8 in adults, is reached, the treatment can be continued at home till such a time as the cure is complete. So little trouble do I have after the first few days, that even children of four or five years of age allow the stiles to be taken out and put in, and the injections practiced at pleasure.

In view of the fact that I treat all my cases by this method, in many of them both sacs being diseased and having to be treated simultaneously, and that I have had the usual number of the worst complications in the worst class of subjects, I know that my results are far better than any I have ever seen or read of, in the practice of others. I am truly astonished that not one member

of the Congress has tried this method, or even referred to it in the discussion; nor am I surprised, on the other hand, to hear extirpation of the gland and obliteration of the sac gravely proposed as a common treatment for epiphora from stricture of the ductus ad nasum. It is a revival of the old destructive methods, on account of the unsatisfactory results of dilatation practiced according to Bowman and Weber. Certainly the occasional passage of even a small probe, through a stricture, and the use of injections, often affords permanent relief, and always temporary improvement; but the probes used are not large enough, and the effect is frequently transient. Still the results of this treatment are far superior to anything in vogue before them, but not nearly what they may be made by the modifications which I have described. Although once addicted to it, I have not obliterated a tear sac for the past five years, much less found it necessary to remove the lachrymal gland. I can readily believe that the successful extirpation of the lachrymal gland would greatly ameliorate the condition of a patient laboring under obstruction in the tear ducts; but it is unnecessarily severe when there is a rational and very certain way of removing the obstruction. It is like chopping a man's head off to relieve him of the pains of an inverted toe-nail, or costive bowels.

Diseases of Membrana Tympani—Myringitis. BY A. D. WILLIAMS, M. D., Cincinnati.

FOLLOWING up the regular order from without inwards, I come to speak next of the most common affections of the membrana tympani, and particularly of *myringitis*, or inflammation of this membrane.

The membrana tympani is frequently involved in disease, though the disease is very rarely confined to the membrane—I mean to say that it is seldom the seat of *primary* disease, but is mostly involved as a complication of some other affection; as, for instance, otitis externa, or catarrh of the middle ear.

Its peculiar anatomical position makes it quite liable to injuries. It is a delicate membrane stretched tightly and obliquely across the caliber of a long tube, which begins at the orifice of the ex-

ternal meatus, and ends with the pharyngeal end of the eustachian tube. The sonorous vibrations of the atmosphere are constantly passing to and fro through this tube, affecting more or less severely this membrane, thus strangely placed in order to make audition possible. The influence of atmospheric undulations upon the membrana tympani amounts sometimes to positive violence, and may be and frequently is actually ruptured by them, as when violent explosions take place, or heavy artillery is discharged. The violence in such instances is sometimes really marvellous, even fracturing the little bones of the ear. Again, the membrana tympani may be punctured by sharp instruments accidentally jolted into the external meatus; may be ruptured by a blow with the hand, by a small twig or straw, or anything of that kind that can be punched accidentally into the internal ear. Thus, we see, the membrana tympani may be seriously injured in many ways. This is the more to be regretted when we consider that the traumatic affections of this membrane and its appendages are very little under the control of the surgeon. We are unable to get down to the bottom of the ear to sew up a cut or rupture of the membrane of the drum, as we would such wounds of the skin; or to splint up a fractured handle of the malleus, a broken incus, or a crushed stapes, as we would the bone of a broken finger or arm. In consequence, therefore, of the position of these things, their injuries have to be left to themselves to get well. The injuries of the membrane will always heal; but the fractured bones rarely if ever heal, without some displacement or deformity of the natural shape and appearance of the head of the drum. Of course all this causes more or less hardness of hearing, or *deafness* it may be, according to the position and extent of the injury.

So far as treatment is concerned, very little can be done in these traumatic affections of the ear. If there is blood in the ear, syringe it gently out with warm water. If active inflammation sets in, and extends to the surrounding parts, treat it antiphlogistically, and pretty energetically so. If there is considerable or severe pain, use soothing applications; such as warm fomentations, or simple solution of morphine, always warmed before its use. Tinctures, as tincture of opium, are always to be avoided, in consequence of the stimulating effects of the alcohol. Caustics and astringents should not be used—never in the early stage—unless the injury leaves the parts in a state of chronic inflammation, or perhaps suppuration; then they are indicated, just as in simple otorrhœa.

I should have mentioned above that the membrana tympani is occasionally ruptured in consequence of a fracture in the base of the skull. This, of course, is a very serious matter, as it indicates that the fracture extends through the petrous portion of the temporal bone into the labyrinth, and thence into the external or through the membrane of the drum. In every such case where blood runs out of the ear, there is probably a fracture of bone, as there is no simple jar of the head that can rupture the membrana tympani, so far as I know. The membranes of persons who have been hanged are sometimes ruptured. So we see that the membrana tympani, though deeply seated towards the base of the brain, is by no means protected from injury. And at the same time we must confess our regret that our science is not able to do more for the relief of such injuries. Notwithstanding our acknowledged inefficiency, we are in danger of *trying* to do *too much* in all such cases, rather than too little.

Myringitis is the name given to spontaneous inflammation of the membrana tympani, and literally means inflammation of "*myringa*," the Greek word for membrana tympani. We must not forget that in this membrane we have three important tissues of the human body: skin externally, mucous membrane internally, and, between the two, a fibrous membrane, which is the membrana tympani *propria*. Judging from the nature of these three tissues in other parts of the body, we would expect to find pathological changes quite frequent in them here. Myringitis is very common indeed, but as a separate, distinct or primary disease, it is rather rare. As a complication of other diseases, such as otitis externa or catarrh of the middle ear, it is very common. This we might infer from the fact that the skin externally and mucous membrane internally enter into its composition, and of course cannot long be diseased without involving the membrane proper. The causes of myringitis are usually exposure to cold or cold bathing. It generally comes on suddenly, and, according to Groeltsch, usually in the night. (I speak of the acute form.) Its subjective symptoms are usually—in the order given by Groeltsch—severe pain, which is increased by laying the affected ear upon the pillow; a sense of fullness, numbness and heaviness, together with a very loud roaring noise in the ear. These symptoms last from one to three days, and rapidly subside when the surface of the membrane becomes moist by exudation, or, it may be after it begins to secrete pus.

Subjective Symptoms. The membrane is red; appears as if it had been injected. Three large blood vessels run down along the handle of the malleus to the center, and radiate from this point. The vessels of the walls of the canal pass the margin of the membrane, and are visible as they run towards its center. The epidermis soon thickens, and consequently the shining appearance of the membrane is lost, and its surface looks like ground glass. The handle of the malleus becomes dim, and may be entirely obscured, in consequence of the swelling. In later stages the epidermis may be detached *in toto*, or portions of it may be thrown off, and thus spot the surface with red points, which secrete more or less fluid; pus may be secreted, which frequently hides the spots from view.

For the sake of the examination the secretions should always be syringed away. I have occasionally seen simple cracks in the epidermis, resembling lines, running across the membrane. Sometimes in myringitis the membrane ulcerates and even perforates like ulceration of the cornea, to which it is to some extent similar.

A part or all of these symptoms will enable us to diagnose myringitis without much difficulty.

Myringitis rarely continues long without involving the auditory canal or the cavity of the tympanum.

Chronic myringitis is quite frequent, but is commonly unnoticed by the patient, as its symptoms are not very urgent, and never painful. The greatest trouble it causes is more or less dullness of hearing. It often excites, according to Troeltsch, otitis externa, or inflammation of the middle ear. I will not dwell long upon the chronic form, as the physician is rarely called upon to treat it, as it is so little disturbing to the patient. The membrane in chronic cases looks dull. The handle of the malleus is quite indistinct. The epidermic membrane is thickened, and may be detached in points. The surface is usually covered with crusts and purulent secretions, and very red after cleansing.

The prognosis in the acute form is good, if properly managed; not that they will always get well, but, as a rule, the disease will subside and leave no very serious trouble behind. There are, however, exceptions. Only to-day I examined a German woman who had lost both *membrani tympani* in consequence of a sudden attack of acute myringitis. Two weeks ago she retired to bed at night in her ordinary health, which was not very good at best, and

in the morning she awoke and found that she was almost perfectly deaf, and has been so ever since. She complained only of "*noises in the head*," and fullness about the ears or throat, she could hardly tell where. Upon examination I found that both membranes were almost completely destroyed. There has not been, and at present there is no discharge. The patient can blow the wind very easily through each ear. It seems that the disease was confined strictly to the membranes, and that they simply sloughed away. I never saw before anything of the kind that destroyed the membranes so suddenly and completely, and passed off without any discharge whatever, and without even pain.

The treatment of acute myringitis is strictly *antiphlogistic*, moderately free local blood letting. From four to eight leeches should be applied, either in the orifice of the meatus, or in front of the tragus, or in both places. Let them bleed as much as possible. The artificial leech may take the place of the natural ones. In connection with blood-letting, pretty active cathartics should be given. After the bleeding, warm water—warm enough to *feel* warm—should be carefully dropped into the ears, and let stand there till it begins to get cool, and then renew it, and so continue till the pain subsides. Instead of the warm water an anodyne (morphine) solution may be dropped into the ears, but should always be warmed. The use of irritating applications should be strictly avoided. As in keratitis, they rather aggravate the myringitis. After a slight secretion of pus or other fluids have set in, weak astringent solutions of silver, cuprum or zinc, may be used with good effect. The ear, after the secretion sets in, should be syringed carefully and gently, with warm water, two or three times a day, so as to keep it clean. If the foregoing treatment does not relieve the pain, then anodynes must be given internally.

Troeltsch is bitterly opposed to the use of poultices in such affections, but I have frequently had good effects, so far as the pain is concerned, from the employment of hop poultices instead of the warm water. They have a desirable anodyne effect as well as supply the necessary amount of moist heat. These should be used particularly before going to bed, or even after the patient lies down. Under this general course of treatment, an acute myringitis will subside in from one to three days, and with it all the symptoms, except, perhaps, more or less dullness of hearing. This will gradually disappear as the structural changes in the *membrana tympani* pass away.

The general result of the treatment of acute inflammation of the membrana tympani is altogether very satisfactory.

The prognosis of *chronic myringitis* is quite unfavorable. The changes in the membrane are so fixed that they do not often improve very much. The hearing may improve considerably, but relapses are liable to take place at any time. So that upon the whole it is rather discouraging to undertake a case of chronic—*very chronic*—myringitis. If anything is accomplished, it will, as a rule, require more time and trouble than either patient or physician is willing to devote to the matter. If there are chalky deposits in the membrane, the prognosis is quite impossible. The treatment generally advised is counter irritation treatment, kept up for months, and, perhaps, for years; and alteratives of all kinds are advised. These are to be kept up for a long time, also. I confess I do not know that I ever saw any good effect from them, although I have used them in many cases. Of course, if there is any discharge or granulated points in the membrana tympani, local treatment should be advised, which should be very similar to that of simple otorrhœa. In *such* cases the prospect is more favorable.

In consequence of myringitis we frequently have ulceration of the membrane, and sometimes destruction of it, as in the case above reported. Small fresh perforations, under the mild treatment above indicated, very readily heal, so that but very little trace of them remains. Very severe treatment will prevent their healing, which is *bad*.

We have sometimes abscesses developed in the substance of the membrana tympani. These must open before they can get well. They break mostly outwards, and occasionally give rise to granulated points, which have to be cauterized in order to make them heal. Not very severely, however, as the membrane may be injured in that way. Efforts are sometimes made to make perforations of long standing heal, but rarely with success. It is advised to incise or cauterize the edges, so as to make them raw, with the hope that they will then heal. This advice is easier given than followed. I have never seen an old large perforation heal in this way. Gruber, of Vienna, thinks he has caused them to heal, but is uncertain. The treatment *may* do considerable harm. What may be done to close these large perforations in the membrana tympani, by means of *artificial membranæ tympani* will be considered in the next article on disease of the cavity of the tympanum, together with tympanic otorrhœa, polyppi, etc.

Editor's Table.

THE December days of another year are at hand, and make the closing up of one more period of editorial labor. It is well that now and then these seasons of review come to us, and command us to examine the affairs of life, and render up a stewardship of the tasks upon which we have labored. Never being—always to be blessed—Time marches onward relentless of all delay, and the purposes that tarry of accomplishment become lost to sight forever. We do not lower the standard of an ideal journalism, however, because of continued imperfections; we rather purpose all the more steadfastly to journey along with renewed vigor and fresher plans; hoping, with all the confidence of youth, still to reach great things.

The history of the closing year has been an eventful one in many respects: and the monthly record of its progress, as well as the individual contributions of many faithful brethren, have redeemed this journal from any just charge of poverty. The year has been memorable, too, in the inexorable work of death: How have the good and great of medicine entered up their last accounts, and passed forever within the sacred portals! Let their memory admonish us to be earnest in good works while the day still lengthens out its darkening shadows.

WITH the forth-coming January issue, the *Lancet and Observer* enters upon one more new year—the *eleventh* of its present series—the *twenty-ninth* since its original establishment in 1842, by Prof. Lawson. No Medical Journal in the West is more widely known; none have to so large a degree presented to the profession the original medical and surgical observations of this great interior valley of the Union.

For many years the *Lancet and Observer* has been entirely an individual enterprise: not fostered by any school, nor specially devoted to the private interests of any such; yet it has desired the promotion of medicine in general, and all the professional institutions and men of Cincinnati, in particular. Through all the try-

ing changes of the country's financial embarrassments and civil revulsions, this journal has struggled its way, until now its circulation has become amongst the largest in the country, and its patronage such as long since to have placed its future beyond question; but this has only been accomplished by the most careful personal attention and economical management.

And now, for the first time, the business manager makes a special and earnest appeal to his personal friends—not only in Ohio, but everywhere in the wide bounds of our circulation—for united aid in this effort to build up a high-toned and successful medical journal. And we make this appeal under very peculiar and unusual circumstances: To-day the *Lancet and Observer is the only Medical Journal in Ohio*: whatever other journals medical gentlemen may need for their professional qualification, many hundreds of physicians will always look to Cincinnati as an important and growing medical center: this point of professional attraction, too, is constantly growing in importance: with age, with a vast, crowding population, our men are becoming stimulated to more systematic work: the contributions of our hospitals, our college clinics, our surgeons, and our specialists, are destined to rank still higher in their influence in training the professional mind of this country. All these things combine to give more and more character and value to the medical journal, which but puts on record these experiences and contributions.

Hitherto this journal has had worthy neighbors in this city, Columbus and Louisville, justly dividing the patronage of this great interior valley: there are none such to-day; and we appeal to all our subscribers, therefore, with great confidence, to make one united and prompt effort to *double the circulation* of the *Lancet and Observer* in these three or four States of Ohio, Kentucky, Indiana and Illinois. We ask for this concert of action *now, at once*, that we may know its results before the January number goes to press.

~~DEAR~~ Dear Doctor: Will you make this a personal matter, and enlist your efforts in our behalf amongst your professional brethren?

Another Year.

IURING the past year we have had many valuable contributions from the hospital reports: our arrangements are such that these and other papers of great practical value will make a regular

feature of our journal. Next month an interesting illustrated article, from one of our rising surgeons, will open the number. Others will appear in rapid succession.

Professional Advertising.

IN nothing does the character of a physician so entirely exhibit itself as in the style of his professional card. The code of ethics very manifestly teaches the right spirit in this particular: we are not to be boastful, not to be pretentious of special powers, not to proclaim special advantages and capacity. It happens that we have received within a few days two or three professional cards asking us to decide their ethical character. We are happy to know that we are not the arbiter of these points: *the code* to which we have alluded decides all these matters so clearly as to leave no reasonable room for cavil. Sometimes, as in the case of a handbill sent to us from Illinois, the violation is rather in *taste* than any serious infringement of professional morals; and in such case the brother should be kindly and patiently dealt with, that he may not be tempted to still further play truant to propriety.

Compendium of Medical Science.

SOME time since we noticed the projected enterprise of Drs. Butler and Brinton, of the *Philadelphia Reporter*, proposing to establish a half-yearly *Compendium of Medical Science*. We are gratified to announce that the first number will be issued on the 1st of January. Its plan is comprehensive, and a strong array of collaborators are announced. We hope this will meet with the success and patronage it deserves as a great national undertaking. The price will be \$3 a year: or we will forward the *Lancet and Observer* one year and the *Compendium* on receipt of \$5.

REPORT of the Proceedings of the Association of Medical Superintendents of American Institutions for the Insane. The twenty-first annual meeting of this Association convened in the city of Philadelphia on Tuesday, May 21st, 1867. The report before us is largely made up of a full report of the discussions had upon the topics brought up for consideration—either in the form of resolution or reports. We have read its deliberations with a great deal of interest, and thank the thoughtful friend who so kindly forwarded us the copy.

Special Medical Instruction.

BY a circular received, we observe that a number of gentlemen have associated together for the purpose of giving *special* instruction in certain branches of medicine and surgery, during the winter and summer, in the city of Boston. Drs. Storer, Clark, Hay, Jeffries, etc., are engaged in this enterprise. It is intended to adapt these courses of instruction to the supposed wants of practitioners and advanced students. We confess to a sense of dullness as to the particular value of this proposed undertaking, as a prominent feature of American medical teaching. For those who desire to "refresh their memories" in any special department of study, not as well or better embraced in one of our best medical schools, we should expect more profit from an attendance on some leading hospital or particular wards, or private special clinics. Systematic clinical study is what the advanced student wants, and not so much everlasting force-pump process of mere words. For further particulars, address Dr. H. R. Storer, Hotel Pelham, Boston.

MESSRS. A. SIMPSON & CO., of New York, appear determined to take a leading position in the medical publication department. Besides the issue of some of the most elegant medical books, they publish the following medical journals: The *New York Journal*, a monthly; the quarterly *Journal of Psychological Medicine*; and the *Medical Gazette*, a weekly. The first two are under the editorial management of Dr. W. A. Hammond; the *Gazette* is by Dr. L. M. Yale. About this time they will publish the *First Part* of Klob's Pathological Anatomy of the *Female Sexual Organs*. They will also very soon publish a work on Laryngoscopy, etc., by Dr. Ruppaner, of New York.

THE *Chicago Journal*—Dr. Allen, editor—is announced to begin the new year as a semi-monthly of thirty-two pages. Dr. Allen announces that he will devote himself more than ever to the editorial duties, and that he has ample assistance in the way of special contributions and correspondence.

THE Bellevue Hospital, of New York, announces in preparation a volume of Hospital Reports, on the plan of the volumes of London Hospital Reports. The Pennsylvania Hospital

will soon issue a like volume. We trust this will inaugurate a system of publications which will prove of great value to the profession. In all our large cities there are continually being squandered vast quantities of clinical material. In Cincinnati, we shall in a few months have one of the finest hospitals of any American city; and we trust one of the early enterprises of its energetic staff will be the preparation of an annual volume of reports.

Dr. Gardner and the New York Academy.

ONE of the latest professional sensations of New is the suspension of Dr. A. K. Gardner from membership in the Academy of Medicine. A good deal of ado has been made, and the opportunity has been afforded to the secular press to fling their usual amount of dirt at the regular profession, and exhibit their usual ignorance of the most ordinary and reasonable proprieties of medical relations. It seems Dr. Gardner is charged with repeated consultations with a homeopath. He makes no denial of the offense; says, under like circumstances, he should repeat it. We can scarcely see how the Academy could very well consent to stultify itself by any other than the course pursued. Dr. Gardner has occupied a prominent position in the profession, and knew better than he has done. The action of the Academy has called out a howl from the *Tribune*, *Times*, etc., of New York, in regular chorus, which will prove a first-class advertisement for the Doctor, at moderate rates. The *Tribune* seems to think that the Doctor will survive being "kicked out of the Academy," and be just as well off as heretofore. "The Philosopher" is mistaken; Dr. Gardner is sadly mistaken: the course he has so deliberately chosen is not a new path; his experiment has been tried before: it may, and doubtless will, bring him *pecuniary returns*, but he will be known no more forever as one of the respected physicians of New York.

Uretero—Vaginal Fistula.

PROF. Parvin reports, in the October number of the *Western Journal of Medicine*, a case of this rare form of lesion, not hitherto recognized among surgeons. In the present case this was evidently a fistulous opening, but all efforts to determine its

vesical connection were unavailing. A patient investigation finally demonstrated it to be as expressed in the heading of this paragraph—an *uretero vaginal fistule*. The patient was fifty-four years old, and the lesion had existed fifteen years. Persistent efforts rewarded the suffering of the patient and the patience of the surgeon with a perfect cure.

“IS IT I?” is the title of a little volume by Prof. H. R. Storer, intended as a counterpart to his prize essay, “Why Not?” This little book is addressed to men. Its object is good. It discusses frankly and bravely the relations which should exist between husband and wife—especially the effects of excess in the indulgence in marital privileges. We say the object is good, for the beastial element largely prevails in this relation, and there is an indisposition to approach the personal consideration of so delicate a subject. We have one or two objections to this little book, and hope its author will accept our criticisms in the kindly spirit they are intended. First, of the subject matter: it is too verbose; its teachings would be far more useful if more terse and to the point, with fewer words. Second, its title is disagreeably sensational—too much of the style of a certain class of clerical gentlemen who make quaint and outre announcements to draw congregations: *our* profession should never come down to this level. Third, the “Publisher’s Note” is an outrage on the author; it is an advertising sheet that, if it had been written by Dr. Storer, should have secured for him discipline in any Medical Association of which he might be a member. Should repeated editions of this little book be called for, we hope the author will have the good taste to severely prune these defects.

The Long Island College Hospital.

THIS Institution will commence its *ninth* regular session on the 1st of March, 1868. This College has undergone some changes in its organization during this year. The Chair of Anatomy is to be filled by Professor C. L. Ford, who is said to be one of the finest teachers of anatomy in this country. Prof. Foster Swift, of New York, takes the Chair of Obstetrics and Diseases of Women and Children. Prof. Armor is transferred to the Chair of Theory and Practice of Medicine, Prof. Austin Flint retaining Clinical Medicine. It will thus be seen

that this College presents in its Faculty an array of teaching ability rarely surpassed; embracing as it does the two Flints, Hamilton, Ford, Armor, Enos, Swift, etc.—names all known and well known to the American profession. For any particular information respecting this school, we refer our readers to the President, Dr. J. L. Mason, 120 Joralemon street, Brooklyn.

ARRERAGES should now be promptly paid. Settle up your subscriptions due, and remit for the new year.

NEW SUBSCRIBERS—*Please make your canvass at once.* Forward good lists of names. ~~At~~ To those desirous of canvassing counties or special districts, we shall be pleased to make special arrangements, allowing a commission of 25 per cent. on all new names.

A PHYSICIAN wishes to sell his property and practice—offers one of the best locations in Ohio. Reference—Prof. G. C. Blackman, Cincinnati, Ohio.

American Medical Association—Prize Essays for 1868.

THE American Medical Association offers two prizes of *One Hundred Dollars* each, for the best two original essays upon subjects of professional interest; the Committee reserving the right to reject all unless deemed fully worthy.

Competitors for these prizes must forward their essays to Dr. Charles Woodward, Cincinnati, Ohio, free of expense, on or before the 1st of April, 1868.

Each essay must be accompanied by a sealed note containing the author's name and address, and on this sealed packet must be inscribed some sentiment, motto or device, corresponding to a like sentiment, motto or device on the essay.

CHARLES WOODWARD, Chairman,	} Committee.
W. W. DAWSON,	
E. B. STEVENS,	
ROBERTS BARTHOLOW,	
P. S. CONNOR,	

Medical journals throughout the country are requested to copy.

